

May 10, 2007



TRANSCRIPT

May 10, 2007

MONTGOMERY COUNTY COUNCIL

Marilyn Praisner, President

Michael Knapp, Vice President

Councilmember Phil Andrews

Councilmember Roger Berliner

Councilmember Marc Elrich

Councilmember Valerie Ervin

Councilmember Nancy Floreen

Councilmember George Leventhal

Councilmember Duchy Trachtenberg



May 10, 2007

Council President Praisner,
Okay, ladies and gentlemen. Let's begin. If folks can take their seats or take their conversation outside, I'd appreciate it. We're going to begin, and the councilmembers should be joining us, so if you can alert them that we're beginning. And I would like to invite to the table Ginny Gong, who is Director of the Community Use of Public Facilities, and the other individuals that she would like to bring with her as well as folks from OMB. Ginny, if you would introduce yourself, please. Push the button in front of you so that everybody watching through our Pictron system knows the names of the individuals in front of us.

Ginny Gong,
Well, good morning, Ms. Praisner. Ginny Gong, Director for the Community Use of Public Facilities Office. I have with me Liz Habermann who is our Financial Administrator.

Council President Praisner,
Hi, Liz.

Mary Beck,
Mary Beck, OMB.

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Charles Goldsmith,
Charles Goldsmith, OMB.

Council President Praisner,
Okay. I'll turn it over to the Chair of the Education Committee, and we can start with this budget.

Council Vice President Knapp,
Thank you, Madame President. It should be relatively quick. The Community Use Public Facilities is a budget that we approve each year. It's funded primarily through the fees that it generates as it manages the various public facilities throughout the County for community use and for community activities. The Committee had a good discussion with Ms. Gong and the team; and one of the issues that we've discussed quite a bit -- and will come back and discuss further after the budget -- was the elements of the schools that currently partly fall within the purview of the organization to schedule -- Primarily elementary schools and middle schools, and high schools don't fall into that mix. And so the Committee was interested in as we look at after-school activities, Pre-K activities, how do we make sure that we have a good understanding of all of the school assets and resources that are available for us to look at programming and to begin to have a dialogue about that. I've, not surprisingly, received some "concern calls" from some of the administration within our secondary schools, and I have assured them that this is a conversation that we're beginning -- not a conversation that we are ending. And so that once we get through the budget we will get everybody together and kind of explore the best ways to proceed. That was probably the most significant additional activity that the Committee discussed. I want to turn to Ginny to see if you have any



May 10, 2007

1 additional opening remarks as to what you see, what you've seen over the past year,
2 and what you foresee for the upcoming year.

3
4 Ginny Gong,

5 Well, we certainly thank the Education Committee for understanding the space
6 challenges. Sharing space with the primary tenant and with the community groups is no
7 easy task; and there's a lot of sensitivities. Certainly we understand and respect the
8 concerns of the primary tenant. You know, schools are not the only facilities we
9 schedule. We also schedule libraries, we schedule government buildings; and there are
10 primary tenants of those facilities as well. We understand the complications relative to
11 schools; and I think we've been trying to really be more proactive about this. So
12 certainly issues related to security, issues related to last-minute changes that might be
13 possible -- these were concerns that elementary schools had before we started this.
14 And over the last five or six years, we have worked together to be able to accommodate
15 some of those issues that were raised. So we stand committed to moving forward and
16 working with professionalism, sensitivity, and great understanding of both stakeholders.

17
18 Council Vice President Knapp

19 Great. Thank you. As far as the budget issues, this is effectively a same-services
20 budget. It has increased costs and increased expenditures for utilities. So if you look on
21 page 2 of our packet, the major expenditure issues really are the increases or
22 reimbursements to MCPS. Other increases are imaging and workflow management
23 system, increased costs for the server upgrade, office lease space, increased costs for
24 printing and mail adjustments. And those are effectively the issues. So I would see if
25 Ginny had anything she wanted to add or see if any of my colleagues have any
26 questions.

27
28 Council President Praisner,

29 I don't have any questions, but I'm going to make some comments.

30
31 Council Vice President Knapp,

32 Okay.

33
34 Council President Praisner,

35 Having not been on the Board of Education when the community use of public schools -
36 - the ICB -- was created, I did, however, spend several years as a member of the ICB
37 as the Board of Education representative. And I was involved, shall we put it that way, in
38 some of the earlier growing pains associated with the use of the public facilities by the
39 community that they had paid for -- which is the whole concept of public buildings.
40 Taxpayers pay for that them, and they should have access to them. And maximizing the
41 use of that investment is obviously a piece. The question of what tenants pay in that the
42 fees they pay has been a piece of the struggle over the years. And I think the cycle that
43 you have now of reviewing that has a lot of reasonableness associated with it. And the
44 advisory groups have been very critical to that process. This concept, though, has
45 evolved such that -- as Ginny said -- she schedules much more than school buildings.
46 And so the question of maintenance and the issues associated with that commitment of

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May 10, 2007

1 trying to assist with that has been focused exclusively on schools. And I think we need
2 to look at the issue more comprehensively in the future. I also, as councilmembers
3 who've been here for a while will recall, that originally the concept of the community use
4 of public schools included a coordinator at the junior high school levels to work with the
5 community served by that junior high school to define their program needs and to be
6 more specific in scheduling or to try to find people to offer programming that met those
7 needs. Over time, that piece -- for budgetary and other reasons, because of the
8 relationship with the fees -- went away. And we also have had the community use of
9 public facilities be the grant holder or implementer for some of the initiatives on Rec
10 Extra and a variety of things where we moved away from that in order to have the host
11 departments be the appropriate program departments and let ICB be somewhat the
12 facility collaboration Council. And conceptually, as I think about it, you focus on the
13 buildings and try to pull people together with no vested interest -- but trying to be
14 responsive to community interests and also facility owner concerns. That's a very
15 delicate job and not easy to do. But if we're going to continue to move in the direction
16 where the public knows one number to call or knows how to interact in some way, I
17 think the consideration of the issues where we are now is a logical extension of that.
18 And, obviously, I hope that these issues can be resolved positively, one way or another,
19 in the coming year. But I think, Ginny, in order for us to kind of look conceptually at all of
20 this in the future, I think we have to look at our after-school initiatives. We had
21 conversations about the libraries and disruptive youth or the changes on some of those
22 things. We have recreation centers we want to use more proactively, school buildings
23 more proactively. Your involvement in that, from more than just a scheduler perspective,
24 I think will be also helpful. And so I would invite you, as we talk about the issue in PHED
25 with Recreation and Park and Planning and Parks, I would invite you to join us in that
26 conversation -- just as we invited you to attend when the Board of Education and the
27 County Council met jointly to hear what the Collaboration Council had to say about their
28 analysis. I think we need to have the benefit of the wisdom of the input that you've had,
29 and the experience your staff has had, in dealing with the issue of space and
30 prioritization and trying to leverage and respond at the same time. So I hope you will
31 become more engaged in that issue with us.

32
33 Ginny Gong,

34 Well, we welcome that opportunity to be a part of the dialogue; that would be wonderful.

35
36 Council President Praisner,

37 Great. Thank you. Look forward to that. Well, absent any other comments from
38 councilmembers, the Community Use of Public Facilities Budget is approved to go
39 forward; and we will now move to a morning of the Department of Health and Human
40 Services. And I would invite staff and representatives from the Department to join us at
41 the table. Uma, whomever you want at the table please invite. And I want to lay out
42 some logistics before I turn it over to my colleague, Committee Chair Leventhal. This is
43 the afternoon when the Council meets with the Prince George's County Council for us to
44 approve the Bi-County actions that we need to on agencies that are bi-County. For that
45 reason, we cannot spend the entire day on HHS. My goal would be -- and I hope the
46 Committee Chair shares that -- to try to get as far as we can by about the 12:30 time



May 10, 2007

1 period and possibly be completed. I don't know. That's two hours only, and I think it will
2 be very hard. We might be able to slide it a little bit; but in order to give councilmembers
3 the time they need in order to travel and to have lunch, etc., I think 12:30 – there was a
4 reason why that's on the agenda. So we'll try to work through it, and then Linda Lauer
5 will work her magic to tell us when we come back to these issues if we need to. And we
6 may set aside some issues where the conversation is the lengthiest, George, if you
7 want in order to move through and then be able to have staff go back to their jobs if
8 there are no questions. So I will turn it over to you and ask Uma to please introduce
9 herself first and Corinne – so we can go down the line.

10
11 Uma Ahluwalia,
12 Good morning, Madam Chair and members of the Council. My name is Uma Ahluwalia.
13 I'm the Director of Health and Human Services.

14
15 Corrine Stevens,
16 Good morning, Mrs. Praisner and members of the Council. I'm Corinne Stevens. I'm the
17 Chief Operating Officer for Health and Human Services.

18
19 Beryl Feinberg,
20 Good morning. Beryl Feinberg, OMB.

21
22 Brian Hunt,
23 Brian Hunt, Management and Budget.

24
25 Council President Praisner,
26 Thank you. And we have staff from the Office of Legislative Oversight who stepped in
27 this budget cycle to help us with that. Karen and Craig, do you want to introduce
28 yourselves too?

29
30 Karen Orlansky
31 Karen Orlansky, Office of Legislative Oversight.

32
33 Craig Howard,
34 Craig Howard, Office of Legislative Oversight.

35
36 Council President Praisner,
37 Okay. Thank you so much. From my perspective, reading the packet last night and
38 reviewing everything, you did a very good job – both of you -- stepping in like this.

39
40 Karen Orlansky
41 I just want to point out that I think it took four of us to try to replace Joan Planell.
42 (Laughter) That sounds about right. Okay. I will make no comments about that. Mr.
43 Leventhal, the floor is all yours.

44
45 Councilmember Leventhal,
46 Madame President, thank you very much.

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May 10, 2007

Council President Praisner,
And I'll keep track of lights and let you know.

Councilmember Leventhal,

Indeed. Thank you very much because I can't see them. I want to thank you very much for your leadership and support for healthcare and other issues. It's very much appreciated – especially this morning. And I want to acknowledge a number of people. First of all, we welcome the new director of Health and Human Services, Uma Ahluwalia, who brings to the position many years of experience looking after abused and abandoned children, which is one of the foremost missions of this Department. She's now got a broader portfolio than ever before and is very quickly and helpfully getting up to speed on the healthcare and the elderly and the homeless and the mental illness and the panoply of issues under her portfolio. And she is a person of great conscience and great compassion; so she's an excellent pick by the County Executive, and we've enjoyed working with her. And we welcome Corinne Stevens back in a senior management role at the Department. She's been an Acting Director in the past, and she's moved around from position to position. And I would say that between Director Ahluwalia and Chief Operating Officer Stevens, we really have a breath of fresh air in the Health and Human Services Department. I think they're trying to answer questions honestly, confront some problems that had occurred within the Department that we're working together to resolve -- and I enjoy working with them both very, very much. I want to really thank my two new colleagues, Ms. Trachtenberg and Mr. Berliner, both of whom bring great passion to the issues of serving needy people and addressing those who need the most help from government. And we've had excellent working sessions. This is an intellectually rich Committee. We deal with some really gripping issues of human need; and we've worked through them together, the three of us, and it's been a pleasure working with them. And Karen Orlansky and Craig Howard and Essie McGuire and Jennifer Rankin and Rich Romer have been a tremendous help to the Committee; and we're very grateful for their staff support. So we have before us a large budget. I'm going to skip over the first sort of highlighted issues because we get into each of them in the course of the budget. So I'm jumping right to page 6, which is the Department Overview. And we are looking at a total appropriation recommended of \$264.8 million. This is a net increase of \$25.4 million, or 10.6 percent, from the budget the Council approved last year -- \$239.4 million. Of these increases, we can break out -- I think if you could help me here, Karen -- if we could break out those that come from the Federal sources, those that come from grants, and those we look at as general fund dollars. It's helpful, I think, for people to get their minds around that.

Karen Orlansky,

Sure. The tables on 6 and 7 look at expenditures by service area and then workyears by service area. I don't if you want to just say a word about the work we did in Committee on contracts by service area, where the Committee examined the competitive and non-competitive contracts looking at it by service area. The Department has a big job in this area, managing over 500 contracts with a dollar value of about \$78 million. It's about a third of the revenue goes out in contracts. In terms of the revenue that comes in, on pages 8 and -- this is what I think you're talking about, Mr. Leventhal --



May 10, 2007

Councilmember Leventhal,
The top of page 8, yeah.

Karen Orlansky,
where we looked at the revenue coming in the two divisions between County General Fund and the Grant Fund - but then also drilling down in the County General Fund. As you can see in the table at the bottom of page 8, the County General Fund actually is made up of multiple funding sources. Local green, as I think we were using that phrase in the Committee, which is the County revenue of close to \$158 million; it's 60 percent of that fund. But the rest of the fund that we call County General Fund is actually State and Federal money. And then there is the Grant Fund – MCG – which is all non-local money, and that's about \$40 million.

Councilmember Leventhal,
Ms. Floreen.

Councilmember Floreen,
Just out of curiosity, what's the change in County revenue associated with this from '07?
Do you know?

Karen Orlansky,
It would take me a minute to get that, but we can get that to you.

Councilmember Floreen,
Okay. Thanks.

Councilmember Leventhal,
Okay? So just to give an overview of the size of the Department and the different revenue sources -- we're getting money from a variety of sources and running a lot of programs that people think of often as Federal and State programs. Medicaid is a huge one, and many others that we get funding for but we actually implement ourselves with County employees and through this Department. Mr. Andrews.

Councilmember Andrews,
Thank you, Mr. Chairman. In terms of the contracts -- certainly HHS has a big job in managing over 500 contracts -- I'm looking at the breakdown between competitive and non-competitive. And a large number -- it indicates 43 percent -- of the contracts are awarded non-competitively. I understand that often there is only one viable entity out there or in emergency situations. I understand that non-competitive contracts are used. Does the Department have a mechanism in place so that all contracts at some point are bid out competitively every so often -- reopened, so to speak -- so that while there might be a policy of not reviewing it every year, that every five years or so there's an opportunity to go out to bid on all contracts that aren't emergency contracts?



May 10, 2007

Councilmember Leventhal,

Well, just before Corinne comments on that, just to be clear -- this dollar amount includes the \$7 or \$8 million in NDA grants that we and the County Executive recommend. And those are non-competitive.

Councilmember Andrews,

Okay.

Councilmember Leventhal,

And also you were going to mention the developmentally disabled providers who we have long-standing relationships with. So there are a lot of issues that contribute to this. But I think it's an apt question as to how often do we make sure that contracts are rebid, in general.

Corrine Stevens,

Actually, I don't think I can say that at this moment in time we really have a process in place. But we are currently evaluating all of our non-competitive contracts and developing a plan to put those that are appropriate to go out for competitive bid out on competitive bid over a period of time. As Mr. Leventhal indicated, there are a number of categories that would not be appropriate -- the developmental disabilities. Also, we have a number of contracts with private nonprofit partners where they are securing Federal grants and we're providing a cash match. That relationship is dealt with through a contract, we would not be putting those out on bid. Many of those are in the housing and the homeless arena. But there are others that we are now in the process of prioritizing and developing a work plan over the next several years to put out competitively.

Councilmember Andrews,

Good. Thank you.

Council President Praisner,

I want to piggyback on Councilmember Andrews' question. Would it be possible for you to give us the plan so that we could see what the timetable for this review, the way in which you're going to do this review, and the targeted deadlines for that review?

Corrine Stevens,

I would think we would be able to do that sometime this summer. We're in the process of developing a plan and looking at resource needs also related to this. And the Chief Administrative Officer has actually asked that all the departments do that and look at not only our resource needs but also the resource needs in the Office of Procurement.

Council President Praisner,

My comments relate to not just the need to have this in a comprehensive way in the cycle. Obviously, you wouldn't review all of these things in one year; goodness knows, you'd go crazy. But many things start out in certain relationships because there are no competitors, or you've had some kind of a partnership -- just as the Council Committees



May 10, 2007

1 have tried, through our grant process, to reach out. There may, as you discover when
2 you go through that cycle, be other entities – nonprofits and otherwise – who weren't
3 there the last time. The other point I would make is, I also think to some extent it's a
4 disadvantage for nonprofits to have that non-competitive relationship not reviewed on a
5 regular basis because of the way we do increases in those relationships. And I've
6 always felt that the contractual relationship that we develop with nonprofits doesn't give
7 them the opportunity to periodically assess the dollar amounts that are necessary to
8 deliver that service. So we don't have a true-up of the actual current year dollars if you
9 just continue this ongoing and informally negotiate with them. You really don't get a
10 sense of what it costs to deliver that service, and we should be fair to the nonprofits. So,
11 yes, they would have to compete; but I think that's healthy for everyone. And I also think
12 in the end they may find themselves financially in a more legitimate relationship for the
13 cost of the service for whomever receives it, even if there's still only one person in that
14 relationship -- and obviously peeling off the kinds of situations that we have.

15
16 Uma Ahluwalia,
17 If I may just respond real quick.

18
19 Council President Praisner,
20 Sure.

21
22 Uma Ahluwalia,
23 The County Exec's Office, under the leadership of Mr. Bruce Adams, has actually begun
24 a significant conversation with our nonprofits that both the Director of Procurement,
25 David Dice, and myself as the Director of HSS are significantly involved. And the
26 dialogue will continue through this summer. It's both to examine what kinds of
27 investments we're making, what kinds of arrangements we're engaging in – and the
28 nonprofits have formed a round table that has the leadership of a lot of the nonprofit
29 arenas joining in. And we think that there is an opportunity here to re-examine the entire
30 non-competitive grants issue because they really want the cost-of-living adjustments --
31 or the CPI use -- to happen on a certain schedule. And being in the grants environment
32 doesn't really support that, just like you said. So there is an interest on their end, and
33 there's an interest on our end to examine this and try to resolve some of these issues.

34
35 Council President Praisner,
36 Councilmember Knapp?

37
38 Council Vice President Knapp,
39 Building on the same theme – I don't know, is there someplace that there's a list of the
40 organizations? I'm assuming there is; I just don't know where it is.

41
42 [Karen Orlansky](#),
43 I have it. I can get that for you.

Deleted: Unidentified Female
Speaker



May 10, 2007

Council Vice President Knapp,

Okay. That would just be helpful to see who -- and how the dollars are appropriated across those. Great. Thank you.

Councilmember Leventhal,

Okay. So the single largest increase in the budget, not surprisingly, is the amount recommended for employee pay and benefits. \$5.9 million, or 23 percent of the \$25.4 million net increase, is related to employee compensation. Details of that are provided on page 9. Another notable cost driver in the FY08 budget is annualizing of costs for some new activities that got started last year and were only partially funded. So there's \$1.9 million in the budget for annualizations of new positions and programs, including the Supportive Housing Rental Assistance Program, the Permanent Support of Housing Program, the Northwood Wellness Center, and some positions that were lapsed. Given the large size of the Department and the number of vacancies that exist and do exist everywhere, we had a slight disagreement with the Department and with OMB as to how much lapse we believe the Department could absorb. And the Committee unanimously recommended, Madame President, that you could have \$100,000 to help balance the budget in departmental lapse.

Council President Praisner,

Gee, thanks. May I add six zeroes? (Laughter)

Councilmember Leventhal,

With respect to what is referred to as "HB669 funding" -- that is the very large and significant amount of funding that we get from the State for a variety of human service programs -- there is an expectation that those funds would increase. Total amount projected for these State programs -- which include a number of programs in Children, Youth, and Family Services; Aging and Disability Services; and Behavioral Health and Crisis Services -- total HB669 funding is \$37,846,910. That's an increase of \$1.2 million compared to the current year.

Council President Praisner,

I had a question. If I look at page 8 and that Funding Sources for the Operating Budget and look at County General Fund and then Grant Funds, none of the HB funds are in the County Grant area for the State money; is that correct? So under the \$37 million of the State revenue, there's about \$6 million that comes to us that isn't legislatively part of that Bill? Is that what you're saying? I'm trying to relate those.

Corrine Stevens,

One other area that comes to my mind is the Core Health Services funding -- or Targeted Case Management may have been the other name -- and that's a formulaic calculation for every county and that would --



May 10, 2007

1 Council President Praisner,
2 Right. Okay. But there's also a senior funding – isn't there? The Aging Funding that's
3 formula-driven. We have issues about the formula, but it's formula-driven. Would that
4 show up under the State revenue then? Correct?

5
6 Corrine Stevens,
7 You know, I'm not sure. We provided all of the detail and how -- some of it is a question
8 of making a decision whether it's Federal revenue that's a pass through by the State –

9
10 Council President Praisner,
11 I see. Okay. That's true.

12
13 Corrine Stevens,
14 So I think that perhaps some of that focus on aging was counted as Federal –

15
16 Council President Praisner,
17 I'll tell you why I'm asking these questions. I'm trying to look at legislative priorities
18 associated with these issues for this fall. Also, as we know that the State looks at and is
19 looking at and will make not just revenue decisions, but they'll make reductions in
20 expenditure decisions. I think it's critical for us to be clear – given our unique
21 relationship – as to what the implications are for us as opposed to our colleagues in
22 other counties, but also where we might want to use that legislative structure to argue a
23 different kind of -- a modification to the legislation. So understanding what's in that
24 legislation financially and also to understand -- because I suspect there will be all kinds
25 of legislation proposed that might identify and have fiscal implications for us – trying to
26 understand where those are. It's going to be critical -- soon -- for us to really understand
27 every dollar we get and to track it back as to whether it's Federal money passed through
28 where the State has a formula that does it, or the Feds require this formula, and where
29 our own Bill has an effect as well. And actually, the sooner you can work try to work
30 through that the better it would be given that we never know – I mean it's where you
31 want to wager today as to whether there might be a special session or not. So I think it's
32 very important for us to keep track of these issues and to be ready with maybe
33 suggestions we might have. I know Melanie is asking every department right now to
34 bring us legislative priorities. And that's not just financial issues, but it's important for
35 you to be on top of this. Okay? Thank you. I'm sorry.

36
37 Councilmember Leventhal,
38 No problem, Madame President. So with respect to Federal Financial Participation,
39 we've had quite a bit of conversation in recent years. We had a couple of years where
40 we did better on Federal Financial Participation than we thought. And then in the current
41 year, we got a little less than we had hoped in Federal Financial Participation. And we
42 want to continue to work with the Director to maximize opportunities for Federal
43 reimbursement for applicable expenses. We have, on page 12, detailed a number of
44 new grants supporting -- you can see the table here -- a wide range of activities within
45 the Department. There is NACCHO, which is County Health Officials; Crossroads-
46 Earmark for gang prevention -- these are Federal earmarks that our congressional



May 10, 2007

1 delegation helped us get -- another Federal grant intervention to support members
2 exiting gangs and youth diversion; a Federal grant for a High School Wellness Center
3 expansion; the Maryland Cares Medicare-Part D -- Federal grant intervention again for
4 gangs and youth diversion; a Victim Assistance Project at the Silver Spring Courthouse;
5 and the Judith P. Hoyer Module One, the Judy Center in Richmond. So, unfortunately,
6 although we do have some new grants coming in, we also have some Federal grants
7 that have gone away -- and the Executive's FY08 Budget included \$1,159,390 to put
8 County dollars to continue grants that had expired. And those are listed at the top of
9 page 13 -- those Federal programs that had been supported. Let me say just say, in
10 each of these five examples -- Linkages to Learning, Adult Drug Court, Senior Food
11 Program, Adolescent Substance Abuse, and Intensive Community Supervision -- these
12 are not projects that the County implemented because we got the Federal grant. In each
13 of these five cases, these are programs that the County would be supporting. We were
14 fortunate to get Federal funding, although the Federal funding has gone away. It's not
15 something that we started only because of the availability of Federal dollars. We would
16 be doing these things anyway.

17
18 Council President Praisner,
19 Councilmember Knapp.

20
21 Council Vice President Knapp,
22 Thank you, Madam President. This has been conversation that the Council's had over
23 the last couple of months. So given the fact that we have new grant revenue in the
24 FY08 Budget, how many positions do we have associated with these programs
25 specifically which presumably, at some point we'll end up having to assume the costs of
26 because -- like the five that are going away -- whether we chose to do them or not,
27 they're still positions we're going to have to pick up in the budget. And I'd just like to get
28 a sense of how many additional positions are associated with the new grant revenue.
29 And then, I apologize, going back to page 9 -- the FY08 costs of annualizing workyears
30 and programs for FY07 was \$1.9 million. And I would like to get a sense of how many
31 positions was that \$1.9 million because we tend to talk in workyears, which then
32 generally kind of masks the number of new positions because you can calculate that
33 somewhat differently. So I'd like to get a sense of what that number is; and when we get
34 to that point in the budget, what the number is -- what we expect the annualization for
35 next year's numbers will look like.

36
37 [Karen Orlansky](#),

Deleted: Corrine Stevens

38 Okay. We're working on Ms. Floreen's question. We'll work on yours too. But I just
39 wanted to say that in this Department -- unlike others -- because so much of the money
40 is contracted out, there will probably be fewer positions associated with this money than
41 you would expect.

42
43 Council Vice President Knapp,
44 I have no expectations. I'm just curious. Okay. Thank you.



May 10, 2007

1 Councilmember Leventhal,
2 Okay. And then at the bottom of page 13, there are three –

3
4 Corrine Stevens,
5 Mr. Knapp, the answer is one.

6
7 Council Vice President Knapp,
8 One position.

9
10 Corrine Stevens,
11 One-term position for the new grants, the rest will be done through contracts with
12 private nonprofits.

13
14 Council Vice President Knapp,
15 And it's not a permanent position.

16
17 Corrine Stevens,
18 Not a permanent, okay.

19
20 Council Vice President Knapp,
21 So of those eight, we have one?

22
23 Corrine Stevens,
24 Yes.

25
26 Council Vice President Knapp,
27 Wow. Okay. Great. One term?

28
29 Corrine Stevens,
30 And it's a term position, so it's tied to the grant.

31
32 Council Vice President Knapp,
33 Okay. Great job.

34
35 Councilmember Berliner,
36 That's less than you expected.

37
38 Council Vice President Knapp,
39 All right. That is less than I expected.

40
41 Councilmember Berliner,
42 You're expressing surprise.

43
44 Council Vice President Knapp
45 Yes, I am.



May 10, 2007

Councilmember Leventhal,

All right. And then at the bottom of page 13, there are three additional Federal grants that expired – well, two Federal and one State – but that we are absorbing with revenue from other grants and are not substituting General Fund dollars for. We're now turning to page 14. We had a short conversation about performance measures. We all hope that –

Council President Praisner,

I'm sorry. George, if you don't mind stopping, I didn't see Councilmember Ervin's light.

Councilmember Leventhal,
Sure.

Council President Praisner,

No. It it went on when – Valerie?

Councilmember Ervin,

I just want to ask a question because I know that Councilmember Leventhal has been working really hard to get George B. Thomas Early Learning Center into the Base Budget. And I see on page 3 that there are three increments in the Executive Summary where George B. Thomas Learning Academy had –

Councilmember Leventhal,

We'll wait and get to that later in the packet.

Councilmember Ervin,

All right. I'm just asking the question unless you want me to wait till later.

Councilmember Leventhal,

Well, I'd rather because it's going to be an extensive discussion – if you don't mind, Ms. Ervin.

Councilmember Ervin,

Go right ahead.

Councilmember Leventhal,

Unless, are you going to be leaving later and –

Councilmember Ervin,

I'll be here. I'll be here. Okay.

Councilmember Elrich,

On which page is George B. Thomas the issue of these two?



May 10, 2007

1 Council President Praisner,
2 It's towards the end; we may not –

3
4 Councilmember Elrich,
5 Okay. I'll wait.

6
7 Councilmember Leventhal,
8 Yeah. There's an ample discussion in the packet.

9
10 Councilmember Ervin,
11 All right. Thank you.

12
13 Councilmember Leventhal,
14 Okay? That's -- page 3 is sort of a table of contents for our whole discussion. Okay. So
15 we're now on the top of the page 14. If there are no questions about performance
16 measures -- we're not 100 percent satisfied, neither the Department nor the Committee,
17 on the mechanisms by which the "Montgomery Measures Up!" program uses to
18 measure our effectiveness in Health and Human Services, and we will continue to strive
19 for better and more descriptive performance measurements. Hours of Operation, I think
20 we achieved significant progress here. This is of great importance to communities of
21 need since many clients of the Department are not able easily to access services
22 between the hours of 9 a.m. and 5 p.m. because they're trying to earn a living during
23 those hours. And a number of advocates for the needy had raised with me -- and I know
24 with other councilmembers -- the need to provide extended hours. The Department had
25 extended hours, in the past under some limited circumstances, and the Committee
26 requested that the Department work with the Union to provide greater flexibility in terms
27 of available hours in evenings; and we are moving in that direction. So we've achieved
28 some progress. There had been some conflicting interpretations of whether this issue
29 needed to be covered in collective bargaining; that has now been resolved in favor of
30 extending hours. And so we will work closely with the Department to extend the hours
31 and provide more evening hours to make it more convenient for working people to
32 access services that they need. Mr. Knapp.

33
34 Council Vice President Knapp,
35 Thank you, Mr. Chairman. Going back to the performance measures -- last year, I know
36 the Department had completed a strategic plan. I know we've kind of done a whole
37 transition there, okay? I guess to the extent -- I'd like to get some sense as to if you've
38 had a chance to go back and look at the strategic plan and to what extent is it
39 something we're going to use as a foundation to build from. Should we anticipate that
40 we're going to go in a different direction? And how does that then tie back into the
41 performance measures piece?

42
43 Councilmember Leventhal,
44 Right. I'm very interested in the hearing the Director's answer to that question. Let me
45 state that the Committee will be spending a long day in June in a retreat setting with the



May 10, 2007

1 Director and her senior staff to work through the prior strategic plan and to see how it
2 needs to be adapted.

3
4 Council Vice President Knapp,
5 Great.

6
7 Councilmember Leventhal,
8 So the Committee has scheduled a very lengthy discussion of exactly that question.

9
10 Council Vice President Knapp,
11 Very good.

12
13 Councilmember Leventhal,
14 Ms. Ahluwalia.

15
16 Uma Ahluwalia,
17 I think we're in conversation to prepare for the retreat; I think that's the best way to say
18 it. We're looking at the document. The County Exec has a very strong stated value that
19 service integration be operationalized; and from his perspective, it isn't. It's still in the
20 silo'd approach of implementation. So we're looking at the Strategic Plan with that lens
21 and trying to figure out whether it actually reflects those values in the operational intent
22 in terms of the strategies. So it is likely to get somewhat modified. But there was so
23 much work around it that we're not going to abandon the document. We just have to
24 figure out where we pick up and what we build on and where we go. So we'll have more
25 answers in time for the retreat.

26
27 Council Vice President Knapp,
28 No, that's great; and I appreciate the answer because I think there was a lot of time and
29 a lot of money spent. And so to the extent that we throw it overboard now, it's not good.
30 And, of course, we shouldn't start from scratch. So to the extent that we can really hit
31 the ground running -- and I appreciate the Committee's willingness to jump in there and
32 have an all-day retreat. But to get something sooner than later so we can kind of be
33 moving in a direction -- which I know is your intent. We just took a long time to get to
34 this point, and I'm not sure we've actually done a whole bunch with it. And so I look
35 forward to seeing where you get to next.

36
37 Councilmember Leventhal,
38 I'd actually like to point out -- I don't want to digress -- but the money spent on the HHS
39 Strategic Plan was relatively little in comparison to some of the other requests that we
40 get where we're going to hire outside consultants to do comprehensive planning
41 documents with multiple six figures. Joan Plannell may remember the exact amount; but
42 it was less than \$100,000, if memory serves, to compile the Department's Strategic
43 Plan. It was a really cost-effective document compared to some other exercises that are
44 proposed to the Council from time to time.



May 10, 2007

1 Council Vice President Knapp,
2 That's true. That's true. Thank you.

3
4 Councilmember Leventhal,
5 Okay? All right, so are there any questions on hours of operation? I think this is going to
6 be a very significant improvement in customer service.

7
8 Council President Praisner,
9 Well, from my perspective -- having remembered the conversation when the MFP
10 Committee reviewed the contractual agreements -- I think it will be important for us to
11 understand and to get periodic information on the actual hours and the challenges that
12 may be associated with staff. How many staff come forward or don't come forward from
13 this perspective to make themselves available and what the implications were?

14
15 Councilmember Leventhal,
16 Right. And we're going to continue to monitor that closely in the Department. And we
17 encourage the Department to make steps to improve customer service as quickly as
18 possible. Okay. Administration and Support. The Committee recommended approval of
19 the Executive's Recommended Budget with some additions on the reconciliation list. We
20 hope it may be possible to fund \$200,000 extra to increase the inflationary adjustment
21 by 1 percent for contractors and also the issue I'll get to in a moment regarding the
22 legislative liaison contract. I'll just get right into that and then -- Well, let me just say the
23 Office of the Director is a total of \$27.1 million and 131.8 workyears. This is an increase
24 of \$1.7 million, or 6.5 percent, and 0.6 workyears over the current year. With respect to
25 the legislative liaison, we agreed with County Executive that there's a great deal of work
26 that needs to be done with the State government -- and also the Federal government --
27 and we think it's appropriate that staff be made available to work more closely with the
28 various agencies in State government that fund us and support us and work with us. It
29 was the Committee's view -- and the County Executive came around to this view as well,
30 I understand -- So it's now our position, as unified, that this contract should be executed
31 through Melanie Wenger's office, the Office of Intergovernmental Relations, rather than
32 through the Office of the Secretary of HHS. So the Committee recommended a transfer
33 from HHS to the Office of Intergovernmental Relations for this function. With respect to
34 HIPPA Compliance initiatives, this is a very important law intended to protect patient
35 privacy. It is enormously expensive and cumbersome to comply with, and we're
36 spending a lot of money to do it -- \$385,450 for four different efforts related to
37 interpreting this very complex law and complying with it. With respect to Special Needs
38 Housing, we have a number of programs there; and we have a new Director of Special
39 Needs Housing, Nadim Khan, who is here. And we are continuing to urge Mr. Khan to
40 be a strong advocate for his program. It takes strong advocacy, and we're looking
41 forward to him fulfilling that role. We have a Supportive Housing Rental Assistance
42 Program, which the County Executive recommended and the Committee agrees with an
43 increase of \$657,050 for a total of \$1.13 million for the ungracefully named SHRAP
44 Program. That is Supportive Housing Rental Assistance Program. And for the
45 Partnership or Permanent Housing, the Executive recommends, and the Committee



May 10, 2007

1 concurs, with a total of \$1.03 million, and increase of \$527,000 to assist homeless
2 people not to be homeless anymore.

3
4 Council President Praisner,
5 How many Rental Assistance initiatives do we have across agencies?

6
7 Corrine Stevens,
8 I'll make an attempt. (Laughter) There's HOC, the Federal program. DHCA has Federal
9 home money. It can be used by regulation for rental assistance but has not in this
10 County generally been used for rental assistance. It's been used more for capital
11 projects, is my understanding. And then within Health and Human Services, we have
12 the long-standing Rental Assistance Program, which is a shallow subsidy, which was
13 originally with Department of Housing and Community Affairs and moved to HHS when
14 we became a Department. And then last year implemented the Partnership for
15 Permanent Housing, which is a contract with the Coalition, and the Department's
16 program of Supportive Housing Rental Assistance – both of which operate under
17 basically the same eligibility rules. But one is currently been done by a contractor and
18 focuses only on homeless families and individuals; and the Supportive Housing Rental
19 Assistance, which is also a deep subsidy, includes the homeless but also serves other
20 special populations – the developmentally disabled, the elderly, people with mental
21 illness, transitioning needs. So it has a broader range of folks that are served. Those
22 are the major ones.

23
24 Council President Praisner,
25 Just as I was reading through it – and maybe it's spending as much time as I now am
26 on PHED Committee issues – that it seemed to me one of the questions is, Where are
27 all the programs? Who's eligible for them? Who manages them? How many clients do
28 we actually serve and assist? And how can we – and I'm involved with my religious
29 institution in providing assistance in emergency kinds of situations as well that we do
30 through the faith community in many places. And some nonprofits come to us for that –
31 meaning non-religious nonprofits. So it just seemed to me that it's an area where I
32 would feel more comfortable if we had a better handle on organization and a better
33 sense of the dollars and the level of individual being served you know -- deep or shallow
34 -- meaning the shallowest being, "Here's money for next month's rent" and you don't see
35 that person's need again perhaps. That's the kind of review that I think we really need to
36 have if we're going to look at the issue of housing in its most comprehensive way –
37 which is not just in how many units we build.

38
39 Corrine Stevens,
40 You may recall, Ms. Praisner, that a number of years ago the Office of Legislative
41 Oversight looked at the rental assistance programs that we'd had at that point in time –
42 which were fewer. Their recommendation at that point was to leave the administrative
43 distribution as it was. But perhaps, as we've grown, we might want to revisit.



May 10, 2007

1 Council President Praisner,
2 It's an issue we may want to look at. Councilmember Elrich.

3
4 Councilmember Elrich,
5 Just looking at the different housing programs on pages 18 and 19, I was wondering
6 how many people are affected or benefit from a combination of these programs?

7
8 Corrine Stevens,
9 The Supportive Housing Assistance Rental Program is funded to staff 75 households
10 over a year's time.

11
12 Councilmember Elrich,
13 Is that 75 all year long or –

14
15 Corrine Stevens,
16 Yes. It would be 75 all year long. It's a deep housing subsidy that's structured on the
17 same guidelines as the Federal program -- Housing Choice Voucher Program. And the
18 supportive house -- the Partnership for Permanent Housing -- these names are too
19 complicated -- that the Coalition administers is funded to serve approximately 55
20 households. Some of that is an estimate because if it's a larger or smaller group of
21 family members, then you may serve a few less or a few more -- depending on whether
22 they're single households or large family households.

23
24 Councilmember Elrich,
25 Okay. Thank you.

26
27 Council President Praisner,
28 Councilmember Trachtenbeg

29
30 Councilmember Trachtenberg,
31 Actually, just a brief remark. Having been involved around the delivery of service to the
32 homeless population, the service coordination end of this is really -- in my mind -- what
33 is critically needed. So the model that has started here in the County in terms of
34 implementation is actually something that's been used rather successfully in other
35 jurisdictions. In other words, there's a growing understanding that this kind of service
36 area -- the Case Management has to focus on this as well. And so I know that the
37 coordination aspect of this is really what we're hoping to get to in another few years.
38 We're not there yet. But it isn't so much the programs as it is coordination with all of the
39 programs. So those that qualify actually have a fair opportunity to apply and achieve the
40 housing.

41
42 Corrine Stevens,
43 Ms. Trachtenberg, you make an important point. These funding recommendations and
44 these programs both include service coordination for the households. It's not just the
45 housing subsidy.



May 10, 2007

Councilmember Trachtenberg,
Right. Exactly.

Councilmember Leventhal,

I was unable to be present yesterday because of another commitment. I was at the Council of Governments yesterday afternoon when the Housing Initiative Fund came up. And I am very happy to support Mr. Knapp's initiative regarding down payment assistance for certain County employees. It is my strong hope, Ms. Trachtenberg, that we will see for homeless people a significant investment of the substantial increase in the HIF this year because you're absolutely correct that it is a very expensive housing program for homeless people because you have to provide a lot of service, and you have to bring together – these are people with multiple issues that they're working through – often co-occurring disorders. So you've got many with addictions; you've got many with mental illness; you've got a lot of issues – and they've got to have a roof over their heads. You can't begin to get off of whatever your addiction is or have a safe place to keep your meds to get off of your mental illness problem unless you have a place to live. And so in addition to the Partnership for Permanent Housing and the Healthcare Program and other efforts we're making in HHS to assist the homeless, it's my strong hope – and I'm confident with Mr. Khan's advocacy and working with Rick Nelson – that Uma and Rick Nelson will work together to make sure that we do devote a significant amount of HIF resources this year to our homeless population.

Councilmember Trachtenberg,

Yeah. I would hope that as well. And actually one of the things that has been researched very clearly is that if there is a lack of housing, that there is increased mental health needs because of that -- the stability factor -- but also there are a lot of studies that have started to show that this might also have something to do with the trending of jail population. In other words, the fact that jails are being used as mental health facilities. And part of maybe why that's happening is because there's housing.

Councilmember Leventhal,

If they weren't in jail, they'd be homeless.

Council President Praisner,

A couple of more lights – Councilmember Knapp.

Council Vice President Knapp,

Thank you, Madame President. Mrs. Praisner's said this a couple of times. I just want to commend my new colleagues. This is actually a lot of fun going through budgets; and I realize that's an odd thing to say. (Laughter) But the questions that our colleagues are asking are actually –

Council President Praisner,

You might not feel that way next year, Mike.



May 10, 2007

Council Vice President Knapp,

No, no. It's a good opportunity to learn. I just appreciate the questions. And I appreciate Mr. Leventhal's comments about trying to address our homeless population. I know that he's had conversations with Sharon London and others as it relates to where are we actually trying to get to. What is the total need of what we need to do to address our homeless population? So I appreciate Mr. Elrich's question as it relates to how many households are we actually serving right now, and where do we hope to be getting to? Because it's one thing to know the answer to what we are doing, but what's our target? And I hope that over the course of the next six to nine months, we'll have a better sense of what is our target so we really know the delta between where we are and where we need to get to. Because I think that's one of the biggest challenges we have is, What's our road map? We can keep doing lots of things; but if we don't know what we hope the ultimate outcome to be is, then we're still just kind of spinning our wheels a little bit. Going back to admin and support – and I don't need an answer to this question right this second – bit I was just curious if I could get – or we could get an org chart that just shows how that is divvied up. I just don't have a good sense of how 131 workyears for admin and support are structured and what are all the functions in that office. It's big. It's a lot of money. It says admin and support. It's a place people who do budgets look at and go, "Wow! That's a lot of money in admin and support." And so I'm not questioning the validity. I just don't have a good sense of what it is; and so if we could get an org chart, I'd appreciate it. Thank you.

Council President Praisner,
Councilmember Ervin.

Councilmember Ervin,

I just have a question about the Housing Initiative Fund since this came up in George's comments. Is there a line item in the HIF Fund for homelessness, just out of curiosity? Is there some category? I'm just curious.

Council President Praisner,
There are some categories that are for new housing that obviously -- and special --

Corrine Stevens, 134

I think the category is Special Populations, which includes the homeless population.

Council President Praisner, 135
Okay, George.

Councilmember Leventhal,

Okay. All right. So we have addressed Special Needs Housing and the County Executive recommended a 1 percent inflationary increase for our contractors, and the Committee expressed the hope that we might be able to add an additional percent there to assist contractors to adjust to rising costs. On Community Service Grants, listed on Circle 68, is the recommended Community Service Grants. These were the top tier of a review panel -- the recommendations of a review panel. So this is an interesting model



May 10, 2007

1 for those councilmembers who are trying to understand the process by which nonprofits
2 received contracts with County government. There are several different programs
3 through which this is carried out in Health and Human Services. The reviewers
4 recommended these organizations, again, listed on Circle 68. That's a total of \$629,780
5 for 39 Community Service Grants toward the organizations doing good work in
6 Montgomery County. With respect to Aging and Disability Services, that branch is
7 headed by Jay Kenney who's been doing a great job for Montgomery County for many
8 years; and we always enjoy his input in Committee. He's very responsive to the Council,
9 and we appreciate that. The total recommendation for Aging and Disability Services is
10 \$38.4 million, 181.1 workyears. It's an increase of \$2.8 million, or 8 percent. There is a
11 Supplemental Assistance to Nonprofit Organizations –

12
13 Council President Praisner,
14 Councilmember Floreen's light is on.

15
16 Councilmember Leventhal,
17 Okay. Ms. Floreen?

18
19 Councilmember Floreen,
20 Thank you. Is Jay here?

21
22 Council President Praisner,
23 Yes, Jay's here.

24
25 Councilmember Floreen,
26 Jay, how are we doing in the Master Plan – whatever it is?

27
28 Council President Praisner,
29 Senior Strategic Plan.

30
31 Councilmember Floreen,
32 Yeah. Thank you.

33
34 Jay Kenney,
35 Thank you, Ms. Floreen. Phase I of the Strategic Plan which is, of course, the funding
36 that the Council allocated of \$75,000, was contracted with Townsend University Center
37 for Productive Aging. We spent seven or eight months with the Advisory Committee of
38 which, of course, they have Council representative with Meryl Feinberg.

Deleted: rill

39
40 Councilmember Leventhal,
41 Steiner.

42
43 Jay Kenney,
44 I'm sorry – Steiner.



May 10, 2007

Councilmember Floreen,
She goes, yes.

Jay Kenney,
Sorry, Beryl. (Laughter) And that final report actually is being circulated among
Committee members and going to print. We tried to really push it to have it ahead for
Council review prior to this session, but we just were not able to do that. Would you like
me to recap what was done in Phase I of that study?

Councilmember Floreen,
Well, what I wanted to – Okay, Phase I. Is Phase II – well, is there anything in the
budget that advances recommendations in Phase I?

Jay Kenney,
Yes, there is; in fact, virtually every one of County Executive Leggett's
recommendations tie into the areas that you will see in this final report. Transportation,
of course, of which we hear many times – and looking at the responsiveness of
transportation which is why although not in our budget, in DPWT's, we see those
initiatives for Free Ride On, expanding Call to Ride, and so forth. One of the biggest
areas was housing considerations – affordable, accessible – and also just information
about housing, some of the comments that were mentioned already. What are the
Rental Assistance Programs? How do you find out about them? How do you access
them? Where are they? So a real push for sort of a one-stop shop around housing and
housing information and referral and access is another issue that you will see strongly
raised there. Access to healthcare – a big issue particularly among our new immigrant
populations and some of the need to, again, have accurate, timely information that
addresses the Limited-English-Proficient Populations and new immigrants to access
healthcare. And lastly, an issue on public/private partnerships to really look at what the
role of government is in being a catalytic leader and facilitator with the private sector to
do a lot of the services for seniors for those who can't afford services in the private
marketplace. Those are sort of the highlights of that finding with the funds that were
appropriated for FY07. We are currently undergoing a review with a task order that we
are doing with the Office of Economic Development around marketing and education
firms to really look at this issue. That was across every area and every priority that was
raised -- was information. How do seniors learn about it? How do caregivers learn about
information? How to do it now? What are the best vehicles to do that with? The best
mediums -- print, television, radio? The whole range of how can we effectively get the
word out about the many services that do exist and, in doing that, find out the ones that
are most needed. And so we're in the process of doing that – as we're calling it, a
Phase II.

Councilmember Floreen,
And so there is going to be a Phase II?



May 10, 2007

Jay Kenney,
Yes.

Councilmember Floreen,
And that's funded in the budget?

Jay Kenney,
It is funded already of '07 that we carry over. There are no new funds for the Strategic Plan in '08.

Councilmember Floreen,
Well, that was the question. So you're just carrying through what is left?

Jay Kenney,
Yes. Correct.

Councilmember Floreen,
And you have adequate dollars?

Jay Kenney,
We feel that we do. Again, the Commission -- although strongly advocated initially early on in the year -- I believe you will see in any Commission documents, we've agreed that we need to carry out the second phase. It was a little premature to jump into really doing anything further until we've spent this additional \$75,000 and got additional information. So I think there was an agreement to pause and to complete the second phase, and then revisit with the Executive and Council where we go from here.

Councilmember Floreen,
What's the schedule for the second phase?

Jay Kenney,
We will by January, I believe, is when we're expecting to have those results.

Councilmember Floreen,
So that would be the end of the -- in time for looking at the next budget?

Jay Kenney,
Absolutely, yes.

Councilmember Floreen,
Okay, thanks.

Jay Kenney,
Thank you.



May 10, 2007

1 Council President Praisner,
2 Councilmember Elrich.

3
4 Councilmember Elrich,
5 I turned to Circle 68, and I've looked at the grants here. And I'm one of those who is
6 among the puzzled about the Grants Process in the County.

7
8 Council President Praisner,
9 "Tis a puzzlement," as a friend of mine once said.

10
11 Councilmember Elrich,
12 Puzzlement. And so I'm looking at the five tiers, and I'm looking at the scores and –
13 scores mean something. When I see a score, I don't know what it means; but when I
14 see 58 and I see 92, I think, okay, there's a big difference in these scores.

15
16 Council President Praisner,
17 That's the teacher in you.

18
19 Councilmember Elrich,
20 I know. It's a curse.

21
22 Council President Praisner,
23 No, it's a skill.

24
25 Councilmember Elrich,
26 But my question is – so the bottom ten proposals are 58 to 77 in the score range? Did
27 the top tier proposals – Tiers I and II -- get all the money they asked for? And is this the
28 money that's left over? Because you funded 70 out of 71 proposals. Apparently only one
29 proposal of the 71 was found to be unworthy. And do I – No? It says, "One proposal
30 was ineligible." You received 71 proposals. One proposal was ineligible. I think all these
31 add up to –

32
33 Uma Ahluwalia,
34 One was ineligible; seventy were put in the pool for review. Only Tier I and Tier II were
35 funded.

36
37 Councilmember Elrich,
38 Only Tier I and Tier II were funded.

39
40 Council President Praisner,
41 Yes. Yes.

42
43 Councilmember Elrich,
44 Okay. Thank you.



May 10, 2007

Council President Praisner,

That's somewhat the process that the Executive Branch has used in the past. And when the Council Committees have had perhaps more resources than this year, Council Committees have in the past sometimes -- not consistently -- recommended funding Tier III or moving to an additional tier. But that is a piece of the way they evaluate the grants that come to them -- that are evaluated. Okay?

Councilmember Elrich,

Okay.

Council President Praisner,

Is that okay? I actually wanted to go back to Jay on another issue. Several years ago, too many years ago, we leveraged Federal dollars by not appropriating directly the contribution for the Developmentally Disabled Funds. They didn't come through our budget. We are in the situation now where we have all these grants and those dollars because we're not able to leverage Federal money because the administration at that time -- and it was Governor Glendening -- was advised by his staff that it was not a good way to deal with the Federal Government on this issue. But my ongoing frustration is, there appear to be other ways in which we continue to explore new opportunities for leveraging Federal dollars, and we have cried "Uncle" on this one. Every time we have a new administration, I believe we should go back to that administration and raise whether or not the experience we have in the past -- which would mean we'd have to go through this appropriation for us, and we can still make that kind of contribution relationship -- but its fewer County dollars in that situation because we leveraged Federal dollars, as I recall. And none of it -- I mean it was the relationship with the State. I may be not remembering it correctly -- wrong? No? I am wrong? Oh, I am correct. I just wonder whether we have thought about attempting again to approach the O'Malley Administration about the creative way in which this leveraged Federal dollars and provided additional funding for the developmentally disabled communities -- the organizations serving the developmentally disabled.

Jay Kenney,

And I'll let Director Ahluwalia address the current or the future plans, but just for the new members particularly to recap -- yes, there was a six-year period, from 1994 to 1999, where we did leverage Federal dollars. It started off at about \$700,000. At the end of that six-year period, it was \$1.5 million that we got in FFP to fund our providers. So, indeed, we saved the County \$1.5 million. In the year 2000, the HMM went to a new flat rate system. They said they could no longer do that funding -- that the rates they established were fair and equitable, and they would no longer try to get additional Medicaid funds. We had five years of trying to decide whether it would be in the Exec's budget or not and came back to do video supplementals. And then finally, in 2005, it has become part of the upfront Executive's recommendation. But discussions are underway.



May 10, 2007

Uma Ahluwalia,

We have a Department-wide contract for Federal revenue maximization with a group called Public Consulting Group. And we have actually a meeting set up with the Department of Health and Mental Hygiene for next week, and we're going up there. We're having a similar conversation with the Department of Human Resources as well at the State -- both big Departments -- to talk with them about Federal revenue maximization -- where the opportunities exist -- and to raise this issue as well.

Council President Praisner,

What would be a timetable that you think you would get an answer one way or another?

Uma Ahluwalia,

We'll be better able to give you a timetable after our meeting with the State next week. We've have had a good working relationship with the Department of Human Resources, and we feel like they're very responsive. Health and Mental Hygiene, on the other hand, has been much more cagey and -- less risk-taking, I think, is a better way to frame their approach. So we're taking the Department of Human Resources with us. One of the Deputy Secretaries there is a very strong Federal revenue maximization expert, so we're taking him along. I think he can bear upon DHMH a little bit better than even we can. So we'll see. We're cautiously optimistic -- not particularly -- I think we have much better hope with DHR than we do with DHMH, but we'll keep you abreast on our conversation.

Council President Praisner,

Obviously, as I'm looking at this budget, I'm looking at dollar amounts and also ways in which if there's a change, or if there's a possibility -- we've done this as supplementals in the past -- certainly don't want to put the organizations at risk. We've never had them at risk -- even with the supplementals -- because we've always come forward. But I'm just trying to look at the issue from both a fiscal as well as a policy perspective. Okay. Thank you.

Councilmember Leventhal,

Okay. So the payments to support the nonprofit organizations that serve Adults with Developmental Disabilities is \$8.1 million. That's an increase of \$664,050. There is a Public Service Intern Program. This is a new program recommended by the County Executive to assist people with disabilities to find employment. It's an initiative that is strongly supported. I met recently with the Commission on People with Disabilities. I think it's a very positive step, and the Committee supported it. With respect to Assessment and Continuing Case Management, the Executive's Budget includes \$5.6 million. This is an increase of \$651,590, or 13 percent. The Committee supported that. And this includes a range of service areas within aging and disabilities. In-Home Aides -- much needed by poor elderly individuals who are not able to take care of the basic tasks of daily living. It's a total of \$5.1 million for In-Home Aides. That's a 7 --



May 10, 2007

1 Council President Praisner,
2 I'm sorry, George. Before you get there, the \$105,000 to fund an Adult Day Care
3 Program. I'm very sympathetic to the issue, but I'm a little concerned of what the long-
4 term implications are of going down this road. And if it's a pilot, what are we evaluating
5 and when and how will we make determinations?

6
7 Councilmember Leventhal,
8 My understanding -- we had a discussion of this in Committee -- the individuals who are
9 going to be affected by this are not eligible for anything else. So these are folks who are
10 often abandoned and helpless. And it may well be that if the County implements the
11 program and feels it's successful, that it would become a permanent program. But these
12 are elderly people, can't care for themselves and have no one caring for them, can't be
13 left alone. But for a variety of reasons, perhaps their income is very low -- but just a bit
14 too high for Medicaid coverage of day care. And so --

15
16 Council President Praisner,
17 I understand the clientele, and I also understand the gap that it is trying to fill. But it is
18 potentially a huge amount of money, and what I want -- and it's also initiating a new
19 program. And at this point, given budgetary issues, my question is -- This is a small
20 amount. But what is the pilot going to evaluate and what are the long-term implications?
21 Or how do we structure this so we really, as a Council and as an Executive, have an
22 opportunity to make judgments before the pilot becomes an embedded program and
23 everything and has long-term cost implications? It's not a requirement. I know it's a
24 needy group; I'm not arguing that piece. But there may be other ways to do this without
25 creating a County program.

26
27 Jay Kenney,
28 Thank you. I'll try to respond to those concerns which we did review mainly with the
29 Committee. And certainly start backwards -- the evaluative component -- begin with the
30 end in mind. That question did come up. There is regulative research that you may be
31 familiar with showing the efficacy of adult daycare. It's just a vital niche in that
32 continuum of care. The County, of course, has been involved with that range of
33 continuum starting with Information Services, home care and chore services -- which
34 we'll talk to a little bit more -- respite care, home-delivered meals, all of the kinds of
35 services that enable an individual to remain in their home. The County has not directly
36 funded adult day care services. Adult day care itself is not new. It's been here for a long
37 time, but it has been an area that the County has not waded into to help provide
38 subsidies for. And the Commission on Aging and People with Disabilities did advocate
39 strongly for that. And the question -- Why would you do these other things but not this
40 when it is showing to be so effective? In fact, not as a replacement for in-home services,
41 but one advantage strongly pointed out is that this breaks social isolation; whereas a
42 person just getting homecare at home from one care aide doesn't have that benefit of
43 socializing and getting out and interacting with their peers and so forth. And part of that
44 was the strong, again, rationale for this recommendation by the Executive -- that it is a
45 vital part of that care continuum. Clearly the numbers are potentially huge, particularly
46 as the demographic swell; we see that -- but not unlike the same need and the future



May 10, 2007

1 demand for the other services that the County has funded. The evaluation part of that –
2 we will be looking at both benefits for the family caregiver, which we expect to show
3 what other national demonstration projects have shown: a reduction in caregiver stress
4 and burden, an ability to function better on the job for those who are employed; and
5 some of the benefits for the care recipient would be, again, reduced problematic
6 symptomatology of agitation, edginess, violence –

7
8 Council President Praisner,

9 Jay, I understand all those pieces of the benefits of the program. I'm trying to
10 understand, if it's a pilot, what we're going to be evaluating and how we do an
11 assessment. Some of this is an evaluation of how many adult day care programs
12 private providers exist; because I hope we're not creating a Montgomery County Senior
13 Daycare Program.

14
15 Councilmember Leventhal,

16 No. No. No. We're contracting with outside providers.

17
18 Jay Kenney,

19 Through the Operating Fund -- through subsidies –

20
21 Council President Praisner,

22 But the question still remains. The relationship between the private sector and how you
23 organize this program -- a better handle on how it would be organized, what it would
24 mean, and what the long-term fiscal and programmatic implications are before we start
25 a brand new program -- not brand new from an area of (inaudible), but a brand new
26 initiative that has a potential significant financial cost and a question about how this fits
27 with other options that may be available has to be evaluated before we go on in next
28 year's budget and it's here as a full-blown program. You phrased it as a pilot; a pilot
29 means it has to be evaluated. And I think this Council needs to know what the
30 evaluation instrument's going to be, what the evaluation will be. And it's got to be
31 relative -- not just that the folks get better service. The question is an evaluation of
32 whether the County should go down this road with a new program. So you have to have
33 measures not about the content of the program only and the outcomes of that program,
34 but also the policy questions of whether you start an initiative like this at this point in
35 time, given fiscal issues and others.

36
37 Councilmember Leventhal,

38 Okay. Could I suggest to the Council President that the point is well taken and has been
39 heard. And we'll request staff follow up. And we will get back from the service branch
40 some sense of where might this be going with respect to next year, particularly if we
41 would prioritize -- as I've heard Mr. Kenny say -- potentially prioritize adult day care over
42 some other services we may be providing. We might want to assess that. So why don't
43 we take a look in six to eight months at what are we thinking for next year, what have
44 we learned from the pilot -- and have we discovered that there may be some efficiencies
45 or efficacy that we've discovered that might enable us to achieve savings elsewhere in
46 senior service delivery. So we'll follow up on that question. The Committee certainly was



May 10, 2007

1 persuaded that there's a very needy population, and the Committee did support
2 providing this service. With respect to In-Home Aides, we have a total of \$5.1 million --
3 net increase of \$335,340. For Personal Care, there was a \$200,000 increase. Fourteen
4 additional homebound individuals, who live alone with no family or community support,
5 would be served in the next year. Sixteen additional individuals would be provided with
6 assistance with chore activities -- such as light cleaning, vacuuming, grocery shopping -
7 - for an increase of \$50,000 on the Chore Services Program. The Executive also
8 recommends the addition of a full-time occupational therapist that would enable
9 individuals with disabilities to provide for their own care, increase autonomy, and
10 improve safety. Eighty individuals are anticipated to be served in the coming year with
11 this new position. The total cost is \$73,640. For Senior Nutrition Services, the
12 Executive's Budget recommends an increase of \$133,400 to provide meals to needy
13 seniors. The Commission on Aging supported that, but also asked for even more
14 resources to expand the availability of meals for needy seniors. And the Committee
15 expressed the hope that \$70,000 might perhaps be found at the end of the budget, and
16 we placed that amount on the reconciliation list as an addition to the Executive's
17 recommendations for Senior Nutrition Services. If there are no other questions, then
18 that's it for Aging and Disability. Jay, thanks. Good job. Public Health Service Branch is
19 headed by Dr. Ulder Tillman, our Health Officer. The Executive is recommending a total
20 of \$74.1 million for Public Health Services. This is a \$9.7 million increase, or 15 percent
21 increase above the current year. The Committee had a lengthy discussion and in-depth
22 discussion; and I don't think we're done with respect to a number of items in the Public
23 Health Service Branch. And I'm serious; there are a couple of things that are left
24 unresolved that had the Council will need to work its will on here.

25
26 Council President Praisner,
27 Okay. Are they best done with an hour left, or is it better to deal with another component
28 of the budget in the hour that we have left?

29
30 Councilmember Leventhal,
31 Well, I would seek the Council President's guidance on that. I think Public Health --

32
33 Council President Praisner,
34 I'm asking you. You're the judge of how long --

35
36 Councilmember Leventhal,
37 My guess is -- well, Behavioral Health has got some big stuff in it too. Children, Youth,
38 and Families, I suspect we could knock off fairly quickly and easily. I don't think there's -
39 - well, we've got the gang thing. You know, we've got big issues in every service
40 branch. (Laughter) There's no easy stuff in HHS. That's why I say it's intellectually rich. I
41 think we should just proceed in order.

42
43 Council President Praisner,
44 Okay. Fine.



May 10, 2007

Councilmember Leventhal,

There's nothing easy left here. Let's try and knock off the Public Health discussion and at least identify the issues and see how quickly we can get through them.

Council President Praisner,

Okay. Maybe we can see what we need to still discuss.

Councilmember Leventhal,

Yes. So let's go right ahead to issue number one, and that's a juicy one. On page 26, I will try to summarize the state of play here. The Council's already had one discussion of this a couple of days ago. Let's see now. There is an RFP that was developed several months ago. It was earlier this fiscal year; it was the fall of 2006 that the RFP was developed and reviewed by the HHS Committee. And that RFP is on Circle 83, and it's quite detailed. And the thinking here has evolved; but there are many programs within the Public Health Service Branch that would benefit from a hard-eyed analysis of current health conditions and projected health conditions. Most particularly -- and we'll talk about this in a minute -- are minority health initiatives, which all of us hear frequently from our constituents about. I think really, truly need a much more up-to-date assessment of what disparities exist to enable them to develop their work program. We have the African American Health Program, the Latino Health Initiative, and the Asian American Health Initiative -- each of which has somewhat different challenges facing them. The first one was the African American Health Program. And it emerged from earlier surveys that showed that there were really very striking disparities -- especially in infant mortality -- and also for AIDS, diabetes, and cancer between our white population and our black population. And so to respond believing that -- I don't recall in exactly what year; perhaps someone can help me. Corinne, maybe you know what year the African American Health Program was established. It's six or seven years ago now, I believe.

Corrine Stevens,

1999 or 1998 -- something like that.

Councilmember Leventhal,

Yeah. The thinking was that we wanted to be able to assist communities of need in a culturally-appropriate way -- in a way that really targeted on some of the unique cultural characteristics that perhaps were giving rise to lack of education, lack of access to care, diet, nutrition -- all of these issues that may have created these substantial gaps in, again, infant mortality, diabetes, cancer, and AIDS. Since the African American Health Program was established and it was believed that progress was being made, then the Latino community advocated successfully for the establishment of a program for it. And it has been identified that there are disparities there that the Latino Health Initiative is working on. The Asian American Health Initiative encompasses a much more diverse community. As diverse as our African and African American community is, and as diverse as our Latino community is, our Asian community is really diverse spanning many, many, many, many different groups and many, many different cultural and health conditions. And so one of the major underpinnings, I think, for this Community Health



May 10, 2007

Improvement Program is to get a much better baseline understanding of what disparities are. I think that's one of the most critical imperatives that lead me to advocate for the Community Health Improvement Program. However, as the Council knows because we discussed this a couple of days ago, the issue has become very heated as a result of a number of issues with respect to hospital economics. The Community Health Improvement Program would be a really wide look at everything affecting healthcare delivery, access to healthcare, health conditions, health disparities. And you can't look at health conditions without looking at healthcare providers. But we have something of a disagreement, I think, with respect to focus. I'm hoping that we can resolve it. We also have no money.

Council President Praisner,

Well, that's a big issue. No money. No money for the Community Health Improvement Program. The contract was ready to go a few months ago; and it had been anticipated, at least by me, that the County Executive would request a supplemental from the Council in the amount of \$500,000 to pay for this. There was a vendor lined up, ready to do it. A new County Executive took office; and he and his senior staff put a freeze on the project, and that's where we are today. And there's still no money. No money in the budget. And some concern, I think -- the Executive Branch can speak for itself -- but some concern that the many benefits that could be derived from the study not be bogged down or overshadowed by potential controversy over the relocation of a hospital or competition between different hospitals. My own desire is that we proceed -- and I'm speaking for myself -- that we proceed with a detailed and comprehensive study as soon as possible -- if not in this fiscal year, certainly as soon as reasonably can be done. I acknowledge that a half a million dollars is a great deal of money. I know that it's not in the budget. The Committee has placed it on the reconciliation list. My forecast as to the likelihood of that ending up in the final budget is pretty pessimistic. So that's where we are; and I guess I can open it up for -- I mean, we have one option which is recognizing, in my judgment, the relatively slim chances that we're going to fund this in this budget. We could defer this entire conversation to a later time. On the other hand, if councilmembers want to flesh out now where this would go, we could spend five minutes or so getting guidance from councilmembers for that later discussion.

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Council President Praisner

Well, I do have a lot of lights; so my preference is that you're -- well, my comment would be that you're pretty smart, George. I think the likelihood of taking half a million dollars off the reconciliation list, for a contract that might be shaped in a variety of ways, that I suspect I'm going to hear councilmembers have a variety of opinions about how this should be done is pretty slim and getting slimmer every hour. So I know it's something we need to do; but I think there are still diverse views of what the "it" is. And we may be talking about building blocks -- that you have to do A before you do B -- or you have parallel blocks -- stovepipes, so to speak, --going forward but hopefully being able to be integrated. So my preference would be to have the Council surface the issues that they think they have, and give you a direction for follow-up to work with the Executive Branch. I'd like to be a part of that too. But I don't think it's going to -- I think it's still



May 10, 2007

going to be on the cutting room floor. So the likelihood that we spend a lot of time on it right now is less necessary.

Councilmember Leventhal,
Well, I can't see the lights, Madame President.

Council President Praisner,
I'm going to call on them in order. Councilmembers Elrich, Floreen, Trachtenberg.

Councilmember Elrich,
A couple different things. One is, I do think we need some kind of assessment of effect of one hospital on another. I'm not sure we need the other components of it. I think the critical one would dovetail with understanding, first of all, what does the State look at in determining what a Certificate of Need is and what would be our relative input on that. I think they may be a more discreet and less expensive study than people have scoped out. On the other part of it, I agree with you; there's a need for doing a community health assessment. My question is – and I'll look forward to the rest of this discussion – but, for example, we just talked about a pilot program for one particular new aspect. The question is, What would happen if we rolled some various pilot money into doing an assessment? In other words instead of saying, "Let's do a pilot on this and a pilot on that," what if we said, "Maybe this isn't the year for pilots. Maybe this is the year for trying to get an overall view of what the needs are." And out of an overall view of needs might come -- the second step might be, "What pilots would we want to attempt?" having identified a set of needs. And how does one need compete against other needs? So I think it's worth doing. I'm just wondering whether we should be maybe focusing on that rather than some of the pilots. I think we've been pretty hard in other Committees on anything that looks like a study. We've kind of said, "I don't know. Do you want to try this out? I don't know." Maybe this is the place for really getting a handle on the core problem, and maybe that would give us an outline for where to go further – whether it's pilots or whether it's programs. But I'm generally supportive. I probably agree with Madame Praisner that the likelihood of \$500,000 coming off the list is really, really difficult.

Council President Praisner,
Councilmember Floreen .

Councilmember Floreen,
Thank you. We talked about this to a certain degree last year, and apparently resources weren't allocated to it. Of course, facts have changed. I think the fundamental recommendation and plan is a good one; it needs to be fleshed out. But I'm wondering about the Department. Do you have the capacity in-house to be prepared to adequately comment on a Certificate of Need Application that will affect -- let's be clear -- the impact of Washington Adventist Hospital moving from its current location? Does the Department have that in-house capacity to evaluate it and to respond in a way that protects the County's interest in this regard? I mean the last thing we all want is to get into the situation in which Prince George's County finds itself right now.



May 10, 2007

Councilmember Leventhal,

May I jump in on this? Let me just say, I think there is – I speak only for myself. But I've had a lot of conversations with the Department, with the County Executive, and with Mr. Firestine. And I think right now, they don't want to weigh in on the Certificate of Need, basically.

Councilmember Floreen,

Well, I know. That's why I'm asking –

Councilmember Leventhal,

So I think that's not something we're going to resolve in the budget. I think they're -- what we will do in the HHS Committee – I think we have a disagreement about that. As I've said, I think our response to the Certificate of Need process should be based on facts. The Executive Branch as of right now doesn't want to weigh in on the Certificate of Need process.

Councilmember Floreen,

I appreciate that, Mr. Leventhal. If you'd let me complete my little time here, I'd like to ask a couple of questions about that. We've been educated about that fact. But I'm asking the Department whether you have the capacity, within the existing Department resources, to comment on a Certificate of Need. I'm guessing what the answer is, but I'd like you to tell us.

Uma Ahluwalia,

The answer would be, "No."

Councilmember Floreen,

It would be, "No." Do we know the timetable for that Certificate of Need process that's initiated? I believe it has been filed.

Councilmember Leventhal,

It's a year.

Uma Ahluwalia,

My understanding is that they are initiating the process in the spring of 2008.

Councilmember Floreen,

2008.

Uma Ahluwalia,

So we've got almost ten months – eleven months before the process is initiated. And then the Health Services Hospital Commission associated with DHMH then goes into a pretty intense process.



May 10, 2007

Councilmember Floreen

And how long will that process at the State level be?

Uma Ahluwalia,

The one recommendation -- it stands up to 150 days. It can take up to 150 days.

Councilmember Floreen,

So it's a relatively short time.

Uma Ahluwalia,

It is relatively short. So one recommendation we'd like to have since you're having all of these questions -- We have talked with both the Healthcare Commission and the Hospital Cost Survey Commission. And as part of our discussion is to have them come down and educate all of us on sort of the process and how much time it takes and what data they actually collect and are able to present.

Council President Praisner,

Given the interest of councilmembers -- I don't know if my e-mail has been sent -- but we're going to schedule a Council briefing on that issue, because I think the interests are broader and can be better covered with all councilmembers present.

Councilmember Leventhal,

I would assume that would be as the Board of Health.

Council President Praisner,

Yes. Right.

Councilmember Floreen,

So the point is -- and maybe we all agree, I don't know -- but I would like us to be in a position to comment effectively in that process. And if the Department does not want to do that, I'm not sure what the best approach is in which to achieve that result. But I think as a County, we have an obligation to comment in a way that protects our interests, as a County, in making sure that our resident populations are protected and that existing facilities -- their needs are understood. And the implications for the ultimate requirement or request for County dollars to support existing facilities that may have a new obligation now is understood. So I really think that -- I don't know how else we do this outside of the budget in terms of looking at sufficient resources to have experts to assist us -- whether it's the Department or it's the Council -- is my question really. And it sounds as if, you know, having a nice conversation about how it's all going to go is real different from having the information or understanding what we might want to look at and what kind of data might need to be collected. And so -- I mean my proposal would be to put \$100,000 on -- add another category -- \$100,000 on the reconciliation list for consultant services to review the impact of the movement of the Washington Adventist Hospital.



May 10, 2007

Council President Praisner,
I hear no second, Nancy.
Councilmember Floreen,
Okay.

Council President Praisner,
Let me lay out what I think I tried to say on Tuesday, and I think it was public. But whether it was in the public conversation or not, it's certainly not confidential. I believe that we have a variety of information that we need to gather. I believe we have a variety of documents which will be filed that we will want to have some review and analysis done of those documents. I also think it's important, as I asked on Tuesday, for us to have a history developed of how and when and how the County -- either as the Board of Health or the County as a Government -- has weighed in on Certificate of Need processes in the past. That kind of information can be prepared. The kind of material that needs to be developed, the kind of identification of what kind of information we need or how much it would cost and what it would cost is yet, I think, to be developed. I believe there are ways that the Council and the Executive -- or only the Council -- can access resources to begin contract relationships, should we need them, without adding money to the budget at this point. We have used contracts to analyze financial information, to analyze discreet expertise information, without necessarily having to put significant dollars at this point.

Uma Ahluwalia,
So your thought is that we do it in a supplemental environment --

Council President Praisner,
In either a supplemental or using contractual opportunities that we have.

Councilmember Trachtenberg,
We don't have to pay for them through --

Council President Praisner,
Well, I understand that. But we have contract funds within different departments that can be used to do evaluations if we know what it is we want and what the scope and timing is. I just --

Councilmember Floreen,
Can we do that outside of this effort?

Deleted: Uma Ahluwalia

Council President Praisner,
It doesn't have to be a separate contract to do this with a dollar amount associated to access contractual dollars that are available for support work either to the Council or to the Department. So what I'm saying is, they don't have the personnel within their office and their expertise; we certainly don't. But the question is, What do we want and when do we need it and how do we need it? Either through supplemental or through



May 10, 2007

1 leveraging existing dollars and then refurbishing them for other contracts, there are
2 ways to do this in a methodical way. So I'm not suggesting we won't do this; I don't
3 know what the "this" is at this point.

4
5 Uma Ahluwalia,
6 And in light of the fact that we are asking Council to separate out the comprehensive
7 health assessment from the Washington Adventist move assessment -- because it does
8 compromise the outcomes that we want to get from the comprehensive health
9 assessment.

10
11 Council President Praisner,
12 Two separate things. Yeah. That's why I suggested that approach.

13
14 Uma Ahluwalia,
15 So in that we will seek dollars through the Department's budgeting process for our fiscal
16 year 2009, we'll do it through the Executive's channel and come before you next year
17 for funding for the comprehensive health assessment. And we will engage in
18 conversations with you about the Washington Adventist Hospital issues separately.

19
20 Council President Praisner,
21 Let me also just add my pet point which is, we can't assess what our needs are and how
22 we evaluate them other than by looking at census data at this point because we really
23 don't have a good handle on who we're serving now. And that relates to the technology
24 and the data and being able to know whether we're serving families, discreet clients, or
25 the same client and the same family in multiple programs. So we can make judgments
26 about the fact that we have X amount of population; and across this country, X amount
27 of population in this range generates this illness; and say we have this long-range need
28 just as we've suggested -- and I tend to agree with Councilmember Elrich on this point --
29 just as we've suggested we have this population for the adult day care issue. Without
30 assessing who we serve now and also what exists out there -- which we don't have a
31 good handle on except for the contracts we have -- there's a whole sector out there that
32 may be available to work but isn't in a contractual relationship with us. If you don't know
33 that -- if you don't know where you are, then you don't know where you're going.

34
35 Councilmember Leventhal,
36 Madame President?

37
38 Council President Praisner,
39 Yes?

40
41 Councilmember Leventhal,
42 I know Ms. Trachtenberg has a proposal as well. But since we all seem to agree -- as I
43 said earlier -- that there is no money now, I will look forward to working closely with you,
44 Madame President, to schedule this session of the Board of Health -- hopefully very
45 soon, perhaps mid June. And we'll carry over this conversation at that time. It is



May 10, 2007

1 certainly the case, as I think we're all aware, that the Council can't appropriate money.
2 The Council can take up supplemental appropriations even in fiscal '07.

3
4
5 Council President Praisner,
6 Correct.

7
8 Councilmember Leventhal,
9 And that if we remain in disagreement, which I'm hopeful we can actually resolve, but as
10 yet we haven't resolved it. I'm hopeful that Mr. Leggett and the Council will ultimately be
11 of one mind as to what is the information that we seek. As of right now, there still is
12 some distance between the Council's point of view – as I'm hearing it articulated – I
13 agree with what Mr. Elrich and Ms. Floreen said. Their expressions of the information
14 they seek is the exact same expression I've made in the packet. That's the information I
15 seek as well. And so far I've gotten some resistance to that from the Executive Branch.
16 But I'm optimistic that working together, we may have a meeting of the minds; but I don't
17 think we're going to do it in the budget. So I'm just going to predict that what may occur
18 is that we'll have a thorough and helpful briefing in June where we will all understand
19 better than we do now what is involved in the Certificate of Need process. We'll try to
20 get the answers to the Council President's questions. What has been the history of
21 County involvement in the past? And what information may be readily available and
22 assembleable, based on what we've already got. And then it may be that the Council on
23 its own – if the Executive Branch doesn't agree – will decide to hire a consultant or
24 direct the Executive Branch to hire a consultant. But I don't think any of that's going to
25 get resolved in this budget discussion.

26
27 Council President Praisner,
28 No. But I do – there are Council lights – recognizing that – even lights for
29 councilmembers who have left the room. (Laughter) Councilmember Trachtenbeg and
30 then Councilmember Elrich will have the last comment on this issue unless
31 Councilmember Knapp gets back. (Laughter) He's returned.

32
33 Councilmember Trachtenberg,
34 I want to start off by saying that I agree with a great deal of what's been expressed by
35 colleagues. And what I would suggest is that when we do have the retreat with HHS in
36 June that there be certain elements discussed at that. And one really is the growing
37 need to support the right technology for the Department. And I know MFP has – we've
38 talked about it within our Committee structure and certainly want to have a worksession
39 with HHS. But I really think that's something that has to be on the table as we try to
40 define objectives -- not just policy, but fiscal investments. And one of the things I've
41 talked publicly about – and I'm not going to spend a lot of time talking about it right now
42 – is really that I see part of what needs to be established here is not just the technology
43 that we need to do the monitoring, but we need to have – in my opinion --an ongoing
44 relationship with the Public Health School. This is something other jurisdictions have
45 done. They've used it to their benefit as they've collected data, but also as they've put
46 together strategic plans. And what I think we can consider over the course of many



May 10, 2007

1 conversations is that we could do exactly that with a local setting, get a lot of stuff done
2 in that relationship that we actually don't have to necessarily make a huge investment.
3 And eventually perhaps bring in the heavy-hitters to assist us with strategic planning
4 and a comprehensive needs assessment. And I would underscore what the directive
5 said about that needs assessment really being separate from anything that we do
6 around the hospital. And that's pretty much it in a nutshell. And I have had
7 conversations with schools. I've shared some of that information across the street. And I
8 would respectfully ask that when we have the retreat, that that be on the agenda
9 because it really does need to be discussed. It's a potential source of tremendous
10 assistance.

11 Councilmember Leventhal,

12 Great. I just want to comment on that. I just want Ms. Trachtenberg to know how much I
13 agree with her interest in working closely with universities. We haven't really had the
14 chance to flesh this out before now, and we won't fully resolve it today. But I absolutely
15 strongly join Ms. Trachtenberg in urging the Department to explore opportunities for
16 having some of this research work done. We've got some very strong universities
17 around here. You have to pay them something. They have overhead. It's not free. But it
18 may be less than some of the professional consultants and of very high quality. So I'm
19 absolutely with you on that. I just want you to know that, and I want the Department to
20 know that.

21
22 Council President Praisner,
23 Councilmember Elrich.

24 Councilmember Elrich,

25 I'm very glad to hear the last little exchange in dialogue because that, is my
26 understanding, was a sticking point. And I think that we should take advantage of the
27 resources that are out there. On the Certificate of Need itself or the study for that – I feel
28 like we need to – it would be premature to jump on what you're studying right now
29 because you need to know what the hospital's going to leave or not leave behind. For
30 example, probably the biggest central issue is not the hospital beds, per say, but the
31 emergency room -- the thing that has probably the most critical impact on where people
32 get service delivery. And as we know from a discussion we had in Public Safety with the
33 Fire Department in terms of where people are brought in the events of emergency, the
34 emergency room is really, really a critical piece. And if the hospital decides to leave an
35 emergency room behind and to take the approach they took in the upcounty where they
36 opened up a second emergency room, then it leaves one set of questions to be asking
37 the community. And if they don't, if they choose to move it, then it leaves another set of
38 questions. So it seems to me that we ought to communicate to the hospital that as early
39 as possible, they should give us what they think their programming is going to be at the
40 old site as well as the new site.

41 Council President Praisner,
42 Marc, they're going to have to say that within their Certificate of Need. I think –
43
44
45
46



May 10, 2007

Councilmember Elrich,

Madame, I recognize that. But my concern is if we think it's only going to be a very short comment period, it would be nice if they would help us get this as early as they can so that we're not trying to do a study in the most compressed time period as possible. We should all be working at this together.

Council President Praisner,

I understand that. But I also think, given the timetable of the requirements for filing, we can have that piece of the discussion of what we'd like to see when we have the conversation about what the Certificate of Need would look like and the timetable and what they would have to do publicly before they filed that Certificate of Need. Because there is public interaction. Councilmember Knapp.

Council Vice President Knapp,

Just briefly. I appreciate the entire discourse. The only thing I want to add is, I know that people are focused on a particular pending move. The concern that I have is as Montgomery General is looking to try and reorient -- with what Adventist had to do with the emergency room and the difficulty we had in the upcounty -- that whatever we do looks at across-border health needs throughout the entire County -- not just focused on a particular need or outcome. Because I think given the growth in population we've see in other parts of the County, there are a variety of needs -- which I don't believe we have a good sense of what those are. And I'm pretty sure -- or at least we saw with the emergency room discussion -- they clearly don't have a good understanding of what those needs really are. So we need to have an understanding there from a broader advocacy perspective.

Council President Praisner,

Obviously, for that discussion we need to have not only the previous experience on certificates of needs, a background on the Certificate of Need process, but also what is the likelihood of comments from other individuals beyond that Certificate of Need. Who else comments? And when would we know what those other individuals' comments would be as well? Because to some extent, this is chasing a tail going round and round. Because to the extent one hospital makes some modifications, others might. And we've got to know, as Councilmember Knapp said, what everybody is commenting on so that we have that information. So the appeal to get information from one hospital obviously is critical, but comments and information from the others about things they may be doing within their Certificate of Need are also important it seems to me. Councilmember Leventhal.

Councilmember Leventhal,

Yes. Thank you. Well, we'll try to move on. The Council needed to have this discussion.

Council President Praisner,

Right. Oh, yes. Absolutely.

Councilmember Leventhal,



May 10, 2007

1 It's been brewing for a long time, and it needed to occur. I want to follow up on Mr.
2 Knapp's comments and Mr. Elrich's comments. Mr. Knapp, it is absolutely true that
3 Montgomery General, Shady Grove, very much true for Suburban, certainly true for
4 Holy Cross, certainly true for Washington Adventist -- all five of our hospitals are trying
5 to project the future. And it is also true that the Prince George's hospital situation
6 directly affects certainly at least three of those hospitals, if not all five. But I also suspect
7 that we may end up separating those issues. It may be that we look at the broad needs
8 of our hospitals as part of a broader chip. And it may be that we take up the nearer-term
9 question of the Certificate of Need in a nearer-term way. That's a possibility. We may
10 not --

11 Council President Praisner,
12 I think we're going to start to get into a debate, and lights will go on of councilmembers
13 who may agree or disagree with your perspective on that issue. So can we move on in
14 the budget, George, please?

15 Councilmember Leventhal,
16 Well I want to --

17 Council President Praisner,
18 Because I think lights will go on, reacting to your comments.

19 Councilmember Leventhal,
20 I apologize for that, but we need to have this conversation. I have one more thing to
21 say.

22 Council President Praisner,
23 Well, we will though.

24 Councilmember Leventhal,
25 Madame President, I'm the Chairman. I have one more thing to say. I'm just going to
26 close this item with one more comment, if I may. I want to say to Mr. Elrich -- Look, I do
27 want to work with all councilmembers on this. We need to acknowledge that different
28 councilmembers may come at it from different perspectives. But I do want to work with
29 you and with all councilmembers -- certainly with the Council President and everyone
30 else. With respect to Adventist's plans, no good deed goes unpunished. They want the
31 community to indicate to them what the community wants. Because the history over the
32 last few years has been that when the hospital made plans, the community rose up and
33 said, "Why haven't you consulted with us? Why haven't you asked us what we want?"
34 So it's not easy to say to the hospital, "Tell us what you're going to do," when the
35 hospital is saying to us, "We want to work with you, and we want to listen to you and
36 work with you to develop what we're going to do." They don't yet know what they're
37 leaving behind; and part of that is because they want to have this dialogue with the
38 community that the community has insisted upon in the past. That's my last point.

39 Council President Praisner,



May 10, 2007

Let's move on, please, to the next item in the budget.

Councilmember Leventhal,

Okay. The next item is not easy either. It's Montgomery Cares. (Laughter) We have one, two, three, four, five, six, seven – eight pages of narrative on Montgomery Cares. What is Montgomery Cares for the benefit of the television audience very briefly. Montgomery Cares is a proposal that is now in its third year that seeks to provide access to healthcare for the poor and uninsured residents of Montgomery County. The program has increased its funding dramatically in the three-year period, and it is now proposed for a total of twelve and a half million dollars in the fiscal year that we're discussing now. Excuse me. That's right, isn't it? \$12.4 – the Administration recommends \$12.4 million. We have some good news in this program. A critical component of this program is not only that the poor, sick, and uninsured residents of Montgomery County get access to a doctor; but in many cases they can get their prescription written and filled on-site for free. And this is a program called the Community Pharmacy Program that has actually achieved some very good results in getting donated medicines – much more donated medicines than we originally budgeted and planned for. That then means that there are savings – unanticipated savings – both in FY07 and in FY08. There are a lot of cooks in this broth. We have our Department Director, Uma Ahluwalia. We have our Health Officer, Dr. Tillman. We have an independent contractor – the Primary Care Coalition -- which really was the genesis of this program and has been implementing overall the program. We have Ruth Martin, who is a new staff member, who is the Executive Director, a County employee for the Montgomery Cares Program. And we have a year ago, established by this Council, a Citizen Advisory Board – the Montgomery Cares Policy Advisory Board. It's going to be a big program. It's going to serve, and it does serve, thousands and thousands of patients. And so we want to make sure that we are spending our money wisely, that we are assessing outcomes, and that we're growing in a prudent way -- that as we invest more money every year, that we're making sure that we're achieving our targets. And the Committee – and there isn't any other county doing anything precisely like this. We're making a very dramatic and fundamental commitment in Montgomery County to caring for the uninsured in the absence of adequate attention to the uninsured at the Federal and State levels. So there isn't a model that we can just adopt. There's no how-to manual on how to do this. And so because of the savings, because we have some dollars in FY07 that I think are still unaccounted for, and because the original plan for FY08 has now been modified because there's more money available than we anticipated because we got so many more free drugs than we expected, the Committee's had a very lively discussion about how to manage this program while – I believe I speak for my two colleagues on the HHS Committee – strongly continuing to support the goals and expansion of the program. And so I'm jumping ahead here a little bit, but on pages 28 and 29, in order to get a handle on the governance, in order to get a handle on the spending, the Committee recommended that we restrict the appropriation; that is, that we appropriate more than \$12 million for the program. But at the same time, no more than \$7 million can be spent until 45 days after a report is provided to the Council. And the report would hit all of the bullets on pages 28 and 29 which I will not read, but councilmembers can read for themselves. We



May 10, 2007

1 want an explanation of the governance, a process for deciding how funds will be spent,
2 an accounting of how funds have been spent, and what are our goals and how will we
3 reach them. That's a very short summary of a very detailed set of instructions to the
4 Department for a governance document and planning document that we would expect
5 to receive before the full \$12 million could be spent. Now, there's a lot of other issues
6 involved here; and I'm going to pause for a moment because I know my colleagues
7 want to comment. I'm just going to speak for myself only when I say that I want these
8 funds spent on patient care and healthcare needs. I'm going to acknowledge -- I'm a bit
9 off topic here, but these issues are related -- that the Committee has identified as a very
10 high priority round-the-clock mental healthcare through our Crisis Service Team. And
11 my expectation is, given that we've found so much in savings from the pharmaceuticals,
12 that we could probably identify some of those savings to find a quarter million dollars to
13 provide round-the-clock, 24-hour crisis intervention team coverage. I know that other
14 councilmembers have other views about some of the hundreds of thousands of dollars
15 in savings. And I'm still confused about what happened to the underspending in fiscal
16 '07; I know there's been some effort to identify that. My hope is that some of the -- we're
17 in '07 right now, and we're spending less than we anticipated because we got so many
18 free drugs out of the Medbank Program. And so I'm wondering what's going to happen
19 to that million or so in savings -- if that goes over to the reserve and whether that helps
20 the Council President to balance the budget. Beryl's ready to talk. Go ahead.

21
22 Beryl Feinberg,

23 Thank you, Mr. Leventhal. I know in the packet it says that there's about \$1.6 million
24 surplus in FY07 in the Montgomery Cares Program.

25
26 Councilmember Leventhal,

27 In the Montgomery Cares Program. Correct. But for the Department, there is a different
28 number because there have been overexpenditures in other programs.

29
30 Councilmember Leventhal,

31 Yes, indeed.

32
33 Beryl Feinberg,

34 So the number is definitely less than the \$1.6 million.

35
36 Councilmember Leventhal,

37 Indeed. I understand that, but that also causes me concern. I mean I've got to say,
38 these are the issues that gave rise to this request for a detailed governance plan and a
39 detailed spending plan. In other words, no one is more aware than me that we
40 consistently underbudget for shelter beds for homeless people and that we always
41 spend more on motel placements for homeless families than what we budget, and the
42 Department has to find the money somewhere. My strong desire -- I'm speaking only for
43 myself here -- is that dollars appropriated to Montgomery Cares be spent on patient
44 care -- that we should appropriately budget for other needs within the Department. And
45 so if we are making -- if there was surplus money in Montgomery Cares and the



May 10, 2007

Department is using it for other things, I want to know that. I want to understand that. So what's happening to the surplus money in FY07? Where's it going?

Beryl Feinberg,

The Department has transmitted a third quarter analysis to OMB. And there is a surplus that is different from, perhaps, what they had envisioned at the second quarter. But overall – and that has been what you have been asking consistently – there may be other departments that are showing more or a different deficit or surplus than we did know at second quarterly, which was based on the end of December. For example – and I do reiterate again – what we had envisioned, perhaps, for snow – and we have transmitted the so-called “snow supplemental” – what we had programmed, and when the Executive transmitted his budget on March 13th, is different than the reality of what happened in January and February. And we had more bad weather – ice storms, as you know. So there are puts and takes that we are looking at – not just in HHS – but what are the overexpenditures that may have been unanticipated in other departments.

Council President Praisner,

And just from Council President's perspective, puts and takes always occur; and there's a review at the third quarter time period. I have been told that OMB is working on a report on that item, and that that information will be transmitted very soon – very, very soon.

Councilmember Leventhal,

Right. And so we'll know very soon.

Council President Praisner,

And it is -- as I would remind my colleagues -- not unusual for this process to occur where in one category or another, one department or another's revenues are expended greater than – or projected revenue because we haven't closed out the books, and we won't get that true-up until September or so – October – but the projections, based on what they know, just like they project supplementals for other things, we will get that very, very soon. So trying to identify what is being spent in Montgomery Cares, what's being spent elsewhere in the Department of HHS, what's being spent in other departments and how much we end up with in an aggregate, is yet to be brought to us. So as you look at the Montgomery Cares issue, I think it would be most appropriate at this point for you to look at the FY08 money – what is budgeted by the Executive; the likelihood of that dollar being used for that item; and if there are either reductions, deletions, or redirections that you're talking about that in that category right now.

Councilmember Leventhal,

Okay. Fine. Well, we'll look forward to finding out what our cash position is in the third quarter; and that'll be helpful. But all of these things – I mean, I appreciate working with the Department. I appreciate the Department, and I appreciate Mr. Leggett's commitment to this program. It is, as I've said, a new program. No one else is doing anything precisely like it. So it's not surprising that it should have growing pains. We're



May 10, 2007

1 talking about a large amount of money. We're talking about trying to provide care in a
2 different way than other models would suggest. And so it's not surprising that we would
3 have questions and that we would seek from the Department clarity about how this is
4 going to be implemented. Now, with respect -- as the Council President said -- to the
5 dollars in FY08, we left some loose ends here. I'm sorry, but there were some
6 differences of opinion. And so I'm going to outline what I believe the Committee voted
7 for; but I understand from at least one of my Committee members, there may be a
8 difference in viewpoint now. And Ms. Floreen wants to comment.

9
10 Councilmember Floreen,
11 Well, I just had a question.

12
13 Councilmember Leventhal,
14 Okay.

15
16 Councilmember Floreen,
17 It's not about the Committee recommendation; we haven't quite gotten there. I think it's
18 a great program; but I really haven't been deeply engaged in it, as you know, and I was
19 a little surprised to see the kinds of questions that the Committee was asking about the
20 structure and organization and so forth. And I wondered what we had today. Was there
21 a business plan? What organizational program did we -- do we have currently?

22
23 Councilmember Leventhal,
24 Sure. Well, I'll try and field that; and then Dr. Tillman can comment as well. The genesis
25 of the program was in a document that was contracted out to the Lewin Group. The
26 Lewin Group wrote, four years ago, a document called "Montgomery Cares, A Proposal
27 for Expanding Access to Healthcare." And we started out in the first year with \$5 million.
28 And we had an existing network of clinics organized through the Primary Care Coalition,
29 and so it was an expansion of a pretty-much-already-accepted network of clinics. Okay.
30 The second year we went to \$10 million, and that's where we are right now. And in the
31 second year, we're encountering sort of these growing pains. There's a lot of money.
32 Not all of it has been spent; we've got some underspending because of the way the
33 community pharmacy program is being worked out. Also one year ago -- more than one
34 year ago -- this Council appointed the Montgomery Cares Policy Board to develop sort
35 of governing documents and recommendations which would be what you're describing --
36 a business plan -- how would we move forward. So from the initial founding document to
37 today, we have appointed the citizen body that's going to advise us and give us the
38 business plan. But, like you, the Committee was concerned that we didn't have more yet
39 in terms of a clear roadmap and a clear understanding of what's happening now. And so
40 it was out of that concern that, "Well, look, we appointed this body a year ago; and we
41 don't seem to have integrated them as closely into the governance and, we don't clearly
42 have that roadmap," that we have asked these questions. Dr. Tillman, did you want to
43 comment?

44
45 Dr. Ulder Tillman,



May 10, 2007

Number one, before the Advisory Board was created and had its first meeting in October of 2006, there was an internal implementation plan that was worked out with HHS and with the Primary Care Coalition and a consultant. And we were following that implementation plan. There were concerns and a request for increased transparency in terms of decisions and operations. We've moved to an advisory board, and the legislation does designate it has an advisory board -- not a policy-setting board. But we have been working with them monthly since October in terms of bringing forth the policy issues and in terms of the future path forward in deliberating around Montgomery Cares.

Councilmember Floreen,

So may I ask then, What is your understanding of how these dollars should flow at this point in time?

Dr. Ulder Tillman,

Certainly, as many dollars as possible to go into direct patient care and the medications.

Councilmember Floreen,

And that would be through the clinic environment? The County clinic environment?

Dr. Ulder Tillman,

Yes. And we are still trying to address the challenges of how to expand our facilities so those clinics can grow. We continue to work with our hospitals in terms of their role in both supporting the safety net clinics as well as their own contribution to primary care and how many patients can be seen. There are a number of policy issues in Montgomery Cares. We're working, as I said again, with the Advisory Board in terms of trying to put which priorities first -- what order.

Councilmember Floreen,

The basic idea is that this money would supplement funding for the existing clinics?

Dr. Ulder Tillman

Yes. And it is really a significant subsidy. It's given them two-thirds of the Medicaid rate. It is not meant to pay the full freight. So that's also part of the discussion and the issues.

Councilmember Floreen,

Okay, thank you.

Councilmember Leventhal,

Every clinic leverages the County dollars with outside support from foundations and individuals and churches. You know, the archdiocese is very supportive of several of the clinics. So we get great benefit from working through the structure of community nonprofits rather than trying to have government-run clinics because we leverage and maximize the amount of support that goes through all these outside sources. So what the Committee recommended --



May 10, 2007

1 Council President Praisner,
2 I see more lights.

3
4
5
6 Councilmember Leventhal
7 Oh, okay.

8
9 Council President Praisner,
10 Okay? Vice President Knapp.

11
12 Council Vice President Knapp,
13 Yeah, just by way of background, I just wanted to get a better sense. In all fairness, I'm
14 not surprised that there was some underspending because we actually asked similar
15 questions last year at this time. And it wasn't clear to me then that -- great program -- but
16 that we had the capacity to be able to assimilate and use all of those dollars. And so my
17 question is -- we have the savings from the pharmacy program -- so we have all of the
18 rest of the resources allocated to provision of care throughout the system at this point?
19 The only additional resources we have for this year or the remaining excess or overage
20 is the \$1.2 million -- \$1.38 million that is from the pharmacy piece ?

21
22 Councilmember Leventhal,
23 In '07?

24
25 Council Vice President Knapp
26 In '07. Correct. So where are we as far as our actual spending of resources for this year
27 -- for '07?

28
29 Dr. Ulder Tillman,
30 Circle 102 actually shows what we are projecting. And I would like to emphasize that it
31 was not so much underspending in community pharmacy, it was actually significant
32 savings.

33
34 Council Vice President Knapp,
35 Right. Got a lot of free meds.

36
37 Uma Ahluwalia
38 And the formulary was cheaper too. It wasn't as expensive as --

39
40 Council President Praisner,
41 I don't think your micro phone is on.

Deleted: Corrine Stevens

42
43 Uma Ahluwalia,
44 So I was just checking with her that the formulary was also cheaper than we projected.
45 So the medications that the patients were using was also less expensive.



May 10, 2007

1 Dr. Ulder Tillman,
2 But the main savings came from a million-dollar savings of being able to get brand
3 medications for free for our patients. So that's what –
4

5
6 Council Vice President Knapp,
7 Do we have a sense right now of what our ability or capacity to serve patients is today?
8

9 Uma Ahluwalia,
10 We're projecting to serve 15,000 patients in fiscal year '07.
11

12 Dr. Ulder Tillman,
13 13,500.
14

15 Council Vice President Knapp,
16 13,500.
17

18 Council President Praisner,
19 13,500 patient visits.
20

21 Uma Ahluwalia,
22 Then you multiply that by the three visits to get the total visit number. So it's actually –
23 we had projected to serve 17,000 at the start of the fiscal year.
24

25 Council Vice President Knapp,
26 Right.
27

28 Uma Ahluwalia,
29 We will serve 13,500 by the end of the fiscal year. So we're short. We will be serving
30 2,500 fewer patients.
31

32 Council Vice President Knapp,
33 So I guess my question is just physical capacity. If 17,000 people came and knocked on
34 our door, do we have the capacity to serve 17,000 or do we only have -- No.
35

36 Uma Ahluwalia,
37 As of today, we have the capacity to serve 13,500.
38

Deleted: \$

39 Council Vice President Knapp,
40 Okay. So we can meet -- the number we have right now is at capacity, because there's
41 a capacity number. And so, from what's been recommended, we have an expectation
42 that we'll go from 13,500 individual patients from FY07 to 20,400 in FY08? We're going
43 to increase by nearly 7,000 patients?
44

45 Dr. Ulder Tillman,



May 10, 2007

1 It will be contingent on the number of new starts that we've had discussions with and, of
2 course, what happens with the primary care site that Washington and Venice wants to
3 begin, as well as the expansion that Holy Cross would be doing.

4
5
6
7 Council Vice President Knapp,
8 So what's the phase-in for that? What would be the timing to get that kind of a method?
9 That's a massive – I mean that's half your capacity again –

10
11 Councilmember Leventhal,
12 Right. It sounds unlikely that we will achieve 20,000 patients because we don't have the
13 clinic space.

14
15 Council Vice President Knapp,
16 Right.

17
18 Councilmember Leventhal,
19 We're not meeting our goals because we don't have the clinic space.

20
21 Council Vice President Knapp,
22 So that's my next set of questions is – I'm just curious as to what you've said, Mr.
23 Chairman – the notion of resources for patient delivery as opposed to –

24
25 Councilmember Leventhal,
26 Your question is, Can we spend \$12.4 million?

27
28 Council Vice President Knapp,
29 Well, that's one question. But the other question is, How do we build the additional
30 capacity? How do we get the capacity for an additional 7,000? And is that with these
31 resources will be used to help do? And can you not do that if you don't have the
32 resources today, or is it done on more of kind of a reimbursement perspective?

33
34 Councilmember Leventhal,
35 Pardon me. Let me just jump in. Yes. Clinic expansion is part of what we are going to
36 appropriate funds for. One of the questions is, How much is going to go to that based on
37 – they have some now – they have infrastructure support now in their plan. They have
38 some additional funding because their original projection didn't – they thought they were
39 going to spend more on meds than they needed to spend. We're about to get to what
40 the Committee's recommendation is and how much of that we're going to put to clinic
41 expansion. But it's a challenge; you've got to find locations.

42
43 Council Vice President Knapp,
44 And I guess that gets to my question as to what is the phase-in for those pieces?
45 Because I was obviously working on lots of things -- so 100 percent committed. I mean I
46 think that whenever -- kind of what we talked about with hiring for Fire and Rescue or



May 10, 2007

1 Police or other critical positions. Go and find as many as you can. And even if they
2 exceed whatever we thought we were going to try to fund, come back to us. If they're
3 qualified, we'll do it. I think I have the same feeling about this. If we can find additional
4 capacity, additional space, additional resources – come back to us, and we can
5 continue to expand as you continue to find it. The question I have is, How much do we
6 put in a budget today -- recognizing there's going to have to be a ramp up -- versus how
7 do we kind of phase this in over the next – whatever you guys tell us is the right time
8 period.

9
10 Dr. Ulder Tillman,

11 Let me add that we are in a number of intensive discussions at this very time with our
12 clinics. We have Mercy Clinic that will, in the beginning of June, be moving to a larger
13 space so that they can expand their capacity. We have Mary Center that will be coming
14 on board. If they have not already signed, they're on the verge of signing the lease so
15 that they will be entering as a participant as well. We are in conversations with fixed and
16 additional sites for Mobile Med. We are in conversations with Community Ministries of
17 Rockville so that things are happening to expand the capacity.

Deleted: (inaudible)

18
19
20 Council President Praisner,

21 I'm going to interrupt to say, with all the lights we have, and with the folks who want to
22 continue this discussion, and with at least one motion that I know is going to be made,
23 we will not be able to finish this item. What I would like you to do is to provide, if it isn't
24 in the package and those of us who aren't on HHS have missed it trying to read
25 everything -- you can provide for us – and it's something of it is not firm, but, you know,
26 close or whatever -- a list of the expansions and the time lines of when they will come
27 on in your best estimate and the number of capacity increase so that councilmembers
28 who may – who all are supportive of this initiative -- may have the option of looking at
29 this in a phased funding basis or not, depending upon the information you give us as to
30 how quickly that capacity is going to be online. And I also understand the pieces that
31 are facility supports -- start up supports -- that obviously need to stay there because
32 otherwise you're never going to get to there. But there are lights on. I'm going to not call
33 on those folks because they will be in the queue to have this conversation further. But I
34 just don't see how we can complete this issue. I don't know if there is any other one
35 issue you want to come to, George?

36
37 Councilmember Leventhal,

38 No. There's nothing short. Okay. Well, I'm sorry. It's a lot of hot issues.

39
40 Council President Praisner,

41 And I think it is, again -- I don't know totally what Councilmember Knapp was referring
42 to, but I have a sense what he's referring to when he said he was somewhat agreeing
43 with comments or referring or building on comments I've made earlier. I think this is an
44 extremely healthy conversation, and also reflective of the deliberativeness of this
45 Council, and the engagement of councilmembers, and the interest and enthusiasm in
46 review, and also part of being a first year of a Council trying to learn information and get



May 10, 2007

1 through this. So I think this is very positive. We are going to come back to HHS on
2 Monday afternoon. And I don't have the exact time at this point, but probably around the
3 2:15 period, maybe a little earlier. But Linda will work her magic, and I'll wave the wand
4 over it. But we are adjourned for this period. And I'm going to put right here in my
5 column Councilmember Floreen, Councilmember Elrich, Councilmember Knapp, and
6 Councilmember Berliner as being the ones -- you all remind me -- who start the
7 conversation when we come back to this.

8
9 Council Vice President Knapp,

10 I just want one final wrap-up. I just want to thank the President for outlining the next
11 steps. And I just appreciate the Chair's efforts because just the breadth of knowledge of
12 the elements associated with this. I think is very impressive. And I appreciate your
13 leadership of the discussion of many interesting and intertwined issues. I appreciate it.

14
15 Council President Praisner,

16 Thank you all very much. The Council will be at WSSD this afternoon at 3:00.